

ORD INFORMATION
RESOURCE CENTER, HHS

MEDICARE / MEDICAID NURSING HOME INFORMATION

ILLINOIS

Part 3
NAPERVILLE to ZION



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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NAPERVILLE TO ZION

**Otis R. Bowen, M.D.
Secretary**

U.S. Department of Health & Human Services

**William L. Roper, M.D.
Administrator
Health Care Financing Administration**

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.



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The primary purpose of this information is to provide a solid basis for further informed inquiry. It is neither the final, definitive word on nursing home performance, nor a basis for making all decisions on selection of a nursing home. Rather, it provides a wealth of background material on national and state certification programs and information on individual nursing homes.

When properly understood and used, this information is quite useful. It can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make a decision. Included on nursing homes, we think this volume will be of assistance to you. We think that you will find this information useful in making your decision on which nursing home to select. We hope that as a result, they will make more informed and more better decisions.

William L. Roper, M.D.
Assistant Secretary



INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

A handwritten signature in black ink, reading "William L. Roper".

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a "snapshot" of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

Overview of nursing home licensure program

The Illinois Department of Public Health's Office of Health Regulation, Bureau of Long-Term Care promotes and assures quality care for all residents of licensed long-term care facilities in the state.

The Bureau is comprised of three divisions: Field Operations; Quality Assurance; and Education and Research. These divisions employ registered professional nurses, registered sanitarians, registered Dietitians, architects and qualified mental retardation professionals to assess the quality of care provided to all long-term care facility residents.

Overview of enforcement system

The Division of Long-Term Care Field Operations functions from a central office and from nine regional offices throughout the state. Its primary purpose is to conduct unannounced, on-site licensure surveys of nursing homes, as required by the Nursing Home Care Reform Act, and to respond to all complaints registered with the Nursing Home Central Complaint Registry with on-site inspections. Licensure surveys are conducted prior to initial licensing of the facility and annually thereafter. Complaint investigations are begun within 24 hours for serious allegations and within 30 days for less severe allegations.

The Division of Long-Term Care Quality Assurance reviews all surveys and complaint investigations to ascertain the appropriateness of issuing violations in accordance with the Act.

Follow-up surveys and subsequent reviews are done where indicated and appropriate penalties assessed, in accordance with the Act. Enforcement sanctions include financial penalties dependent on the severity of the violation; imposed plans of correction; and placement of State monitors in facilities. In extreme cases, court-appointed receivers may take over operation of a facility, and/or the State may revoke the owner's license. Minimum Standards, Rules and Regulations are used by all Bureau staff in surveying and reviewing to determine compliance.

The Division of Education and Research is responsible for initial orientation and continued training of all Bureau staff in survey procedures and processes.

Resources available to consumers

To obtain information regarding the Illinois Nursing Home Care Reform Act; survey activities and results; and Minimum Standards, Rules and Regulations, consumers may contact the central office:

Illinois Department of Public Health
525 West Jefferson
Springfield, Illinois 62761
Division of LTC Field Operations (217) 785-2629
Division of LTC Quality Assurance (217) 785-5180

OR

Regional Offices:

Region 1 - Rockford
4302 North Main
Rockford, Illinois 61103
(815) 987-7511

Region 2 - Peoria
5415 North University
Peoria, Illinois 61614
(309) 693-5360

Region 3 - Springfield
4500 S. Sixth Street Road
Springfield, Illinois 62704
(217) 786-6882

Region 4 - Edwardsville
Cottonwood Road
Edwardsville, Illinois 62025
(618) 288-5731

Region 5 - Marion
2309 West Main
Marion, Illinois 62959
(618) 997-4371

Region 6 - Champaign
2125 South First Street
Champaign, Illinois 61820
(217) 333-6914

Region 7 - West Chicago
245 W. Roosevelt Road, Bldg. 5
West Chicago, Illinois 60185
(312) 293-6900

Region 8B - Bellwood
4212 West St. Charles Road
Bellwood, Illinois 60104
(312) 544-5300

Region 8C - Chicago
33 East Congress, Suite 425
Chicago, Illinois 60605
(312) 793-3376

For information about the State Ombudsman program,
consumers may contact:

Illinois Department of Aging
421 E. Capitol
Fl. 1
Springfield, IL 62701
(217) 785-2870

Illinois Department of Aging
100 W. Randolph St.
Ste. 11-900
Chicago, IL 60601
(312) 917-2630

For information about Medicaid Fraud and Quality of Care
programs, consumers may contact:

Illinois Department of Public Aid
Division of Financial Recovery
100 S. Grand
Springfield, IL 62704
(217) 785-7030

The Nursing Home Central Complaint Registry, in operation
since 1984 under legislative mandate, creates a central
"clearinghouse" to serve all citizens and agencies who
express concern and/or complaints about the quality of
care provided to residents of long-term care facilities.
This hotline is available by toll-free number:
(1-800-252-4343) 24-hours-a-day. Persons registering
complaints may remain anonymous, and all complaintants are
kept confidential.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE

Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self-explanatory

Street Address: Self-explanatory

City and State: Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
Bathing Residents requiring some or total assistance in bathing.		FACILITY		STATE	NATION
		#	%	%	%
		78	83.0	81.0	81.0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE ALDEN NURSING CENTER

Street Address:		City and State:	
1525 OXFORD LANE		NAPERVILLE IL 60565	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	206	PROPRIETARY	10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
153	0	133

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	67.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	103	67.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	103	67.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	67.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	66.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	19.6	33.8	37.7
Completely bedfast residents.	2	1.3	3.2	3.4
Residents confined to chairs.	107	69.9	48.4	50.8
Residents requiring restraints.	70	45.8	35.7	41.3
Confused or disoriented residents.	55	35.9	53.7	58.4
Residents with bed sores.	17	11.1	8.0	7.1
Residents receiving special skin care.	30	19.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMERICANA HEALTHCARE CENTER

Street Address:		City and State:	
200 MARTIN AVE		NAPERVILLE IL 60540	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	96	NON-PROFIT OTHER	09/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
84	1	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	58.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	96.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	73.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	73.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	72.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	50.0	33.8	37.7
Completely bedfast residents.	3	3.6	3.2	3.4
Residents confined to chairs.	64	76.2	48.4	50.8
Residents requiring restraints.	41	48.8	35.7	41.3
Confused or disoriented residents.	42	50.0	53.7	58.4
Residents with bed sores.	1	1.2	8.0	7.1
Residents receiving special skin care.	16	19.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COMMUNITY CONVALESCENT CENTER

Street Address:		City and State:	
1136 NORTH MILL STREET		NAPERVILLE IL 60540	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	155	NON-PROFIT OTHER	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
143	1	45			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	96	67.1	71.5	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	115	80.4	77.5	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	115	80.4	68.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	74.8	70.3	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	94	65.7	64.6	68.2	
Residents on individually written bowel and bladder retraining program.	29	20.3	6.1	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	66	46.2	33.8	37.7	
Completely bedfast residents.	5	3.5	3.2	3.4	
Residents confined to chairs.	87	60.8	48.4	50.8	
Residents requiring restraints.	62	43.4	35.7	41.3	
Confused or disoriented residents.	55	38.5	53.7	58.4	
Residents with bed sores.	9	6.3	8.0	7.1	
Residents receiving special skin care.	47	32.9	33.1	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRIENDSHIP MANOR INC

Street Address:		City and State:	
305 FRIENDSHIP DRIVE		NASHVILLE IL 62263	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	230	PROPRIETARY	01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
217	1	111

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	152	70.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	159	73.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	140	64.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	139	64.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	154	71.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	79	36.4	33.8	37.7
Completely bedfast residents.	2	0.9	3.2	3.4
Residents confined to chairs.	111	51.2	48.4	50.8
Residents requiring restraints.	127	58.5	35.7	41.3
Confused or disoriented residents.	120	55.3	53.7	58.4
Residents with bed sores.	16	7.4	8.0	7.1
Residents receiving special skin care.	38	17.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW ATHENS HOME FOR THE AGED

Street Address: 203 SOUTH JOHNSON		City and State: NEW ATHENS IL 62264	
Participation: MEDICAID ICF	# of Beds: 64	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 12	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	96.7	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	48	80.0	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	46	76.7	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	76.7	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	51.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	36.7	19.4	29.3
Completely bedfast residents.	1	1.7	0.7	3.6
Residents confined to chairs.	35	58.3	27.6	39.1
Residents requiring restraints.	33	55.0	23.4	31.7
Confused or disoriented residents.	10	16.7	49.8	55.8
Residents with bed sores.	5	8.3	4.0	4.7
Residents receiving special skin care.	1	1.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLINTON MANOR

Street Address: 111 EAST ILLINOIS ST		City and State: NEW BADEN IL 62265	
Participation: MEDICAID ICF	# of Beds: 69	Type of Ownership: PROPRIETARY	Survey Date: 02/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	Medicare Residents: 0	Medicaid Residents: 61
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	98.5	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	56	82.4	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	25	36.8	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	55.9	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	73.5	44.4	59.1
Residents on individually written bowel and bladder retraining program.	9	13.2	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	11.8	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	17	25.0	27.6	39.1
Residents requiring restraints.	10	14.7	23.4	31.7
Confused or disoriented residents.	33	48.5	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	60	88.2	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CONTINENTAL MANOR

Street Address:		City and State:	
PO BOX 335		NEWMAN IL 61942	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	PROPRIETARY	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
54	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	38.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	39	72.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	29	53.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	66.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	70.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	7	13.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	20.4	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	13	24.1	48.4	50.8
Residents requiring restraints.	14	25.9	35.7	41.3
Confused or disoriented residents.	33	61.1	53.7	58.4
Residents with bed sores.	3	5.6	8.0	7.1
Residents receiving special skin care.	7	13.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEWTON REST HAVEN

Street Address:		City and State:	
300 S SCOTT ST		NEWTON IL 62448	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	92	PROPRIETARY	06/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
90	0	41		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	83.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	84.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	66.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	77.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	66.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	8	8.9	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	28.9	33.8	37.7
Completely bedfast residents.	2	2.2	3.2	3.4
Residents confined to chairs.	43	47.8	48.4	50.8
Residents requiring restraints.	42	46.7	35.7	41.3
Confused or disoriented residents.	80	88.9	53.7	58.4
Residents with bed sores.	5	5.6	8.0	7.1
Residents receiving special skin care.	33	36.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOREST VILLA

Street Address:		City and State:	
6840 TOUHY AVENUE		NILES IL 60648	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	206	PROPRIETARY	03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
198	0	107	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	59.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	178	89.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	105	53.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	142	71.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	49.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	95	48.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	26.3	33.8	37.7
Completely bedfast residents.	10	5.1	3.2	3.4
Residents confined to chairs.	105	53.0	48.4	50.8
Residents requiring restraints.	75	37.9	35.7	41.3
Confused or disoriented residents.	100	50.5	53.7	58.4
Residents with bed sores.	30	15.2	8.0	7.1
Residents receiving special skin care.	107	54.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GEORGE J GOLDMAN MEMORIAL HOME

Street Address: 6601 W TOUHY		City and State: NILES IL 60648	
Participation: MEDICAID SNF/ICF	# of Beds: 99	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
95	0	65			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		69	72.6	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		78	82.1	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		70	73.7	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		53	55.8	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		85	89.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		31	32.6	33.8	37.7
Completely bedfast residents.		2	2.1	3.2	3.4
Residents confined to chairs.		38	40.0	48.4	50.8
Residents requiring restraints.		29	30.5	35.7	41.3
Confused or disoriented residents.		40	42.1	53.7	58.4
Residents with bed sores.		5	5.3	8.0	7.1
Residents receiving special skin care.		75	78.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLF MILL PLAZA I

Street Address:		City and State:	
9777 GREENWOOD AVE		NILES IL 60648	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	187	PROPRIETARY	01/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
163	0	156		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	140	85.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	140	85.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	124	76.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	71.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	135	82.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	15	9.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	84	51.5	33.8	37.7
Completely bedfast residents.	1	0.6	3.2	3.4
Residents confined to chairs.	97	59.5	48.4	50.8
Residents requiring restraints.	65	39.9	35.7	41.3
Confused or disoriented residents.	143	87.7	53.7	58.4
Residents with bed sores.	5	3.1	8.0	7.1
Residents receiving special skin care.	21	12.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MIRANDA MANOR

Street Address: 8333 WEST GOLF ROAD		City and State: NILES IL 60648	
Participation: MEDICAID SNF/ICF	# of Beds: 296	Type of Ownership: PROPRIETARY	Survey Date: 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 268	Medicare Residents: 0	Medicaid Residents: 242	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	227	84.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	223	83.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	188	70.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	193	72.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	211	78.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	62	23.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	87	32.5	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	135	50.4	48.4	50.8
Residents requiring restraints.	75	28.0	35.7	41.3
Confused or disoriented residents.	199	74.3	53.7	58.4
Residents with bed sores.	9	3.4	8.0	7.1
Residents receiving special skin care.	51	19.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REGENCY NURSING CENTER

Street Address:		City and State:	
6631 N MILWAUKEE AVE		NILES IL 60648	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	300	PROPRIETARY	01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
272	3	168

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	223	82.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	212	77.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	180	66.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	156	57.4	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	169	62.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	21.3	33.8	37.7
Completely bedfast residents.	5	1.8	3.2	3.4
Residents confined to chairs.	142	52.2	48.4	50.8
Residents requiring restraints.	101	37.1	35.7	41.3
Confused or disoriented residents.	161	59.2	53.7	58.4
Residents with bed sores.	15	5.5	8.0	7.1
Residents receiving special skin care.	73	26.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST ANDREWS HOME FOR THE AGED

Street Address: 7000 N NEWARK AVE		City and State: NILES IL 60648	
Participation: MEDICAID ICF	# of Beds: 57	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 11/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23		Medicare Residents: 0		Medicaid Residents: 11	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		23	100	58.0	78.3
Dressing					
Residents requiring some or total assistance in dressing.		16	69.6	61.9	76.7
Toileting					
Residents requiring some or total assistance in toileting.		13	56.5	46.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		13	56.5	50.5	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		14	60.9	44.4	59.1
Residents on individually written bowel and bladder retraining program.		5	21.7	7.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		7	30.4	19.4	29.3
Completely bedfast residents.		2	8.7	0.7	3.6
Residents confined to chairs.		11	47.8	27.6	39.1
Residents requiring restraints.		4	17.4	23.4	31.7
Confused or disoriented residents.		14	60.9	49.8	55.8
Residents with bed sores.		2	8.7	4.0	4.7
Residents receiving special skin care.		8	34.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STERLING MANOR

Street Address: 8555 MAYNARD		City and State: NILES IL 60648	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 300	Type of Ownership: PROPRIETARY	Survey Date: 06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 272		Medicare Residents: 1		Medicaid Residents: 226			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				116	42.6	71.5	81.5
Dressing							
Residents requiring some or total assistance in dressing.				200	73.5	77.5	83.2
Toileting							
Residents requiring some or total assistance in toileting.				178	65.4	68.4	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				178	65.4	70.3	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				171	62.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.				20	7.4	6.1	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				133	48.9	33.8	37.7
Completely bedfast residents.				9	3.3	3.2	3.4
Residents confined to chairs.				146	53.7	48.4	50.8
Residents requiring restraints.				77	28.3	35.7	41.3
Confused or disoriented residents.				150	55.1	53.7	58.4
Residents with bed sores.				14	5.1	8.0	7.1
Residents receiving special skin care.				39	14.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NOKOMIS GOLDEN MANOR

Street Address:		City and State:	
505 STEVENS STREET		NOKOMIS IL 62075	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	94	PROPRIETARY	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
83	0	41	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	94.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	92.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	84.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	90.4	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	63.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	30.1	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	43	51.8	48.4	50.8
Residents requiring restraints.	37	44.6	35.7	41.3
Confused or disoriented residents.	47	56.6	53.7	58.4
Residents with bed sores.	2	2.4	8.0	7.1
Residents receiving special skin care.	18	21.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMERICANA HEALTHCARE CENTER

Street Address:		City and State:	
510 BROADWAY		NORMAL IL 61761	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	90	PROPRIETARY	09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
75	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	74.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	74.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	74.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	64.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	66.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	41.3	33.8	37.7
Completely bedfast residents.	2	2.7	3.2	3.4
Residents confined to chairs.	36	48.0	48.4	50.8
Residents requiring restraints.	39	52.0	35.7	41.3
Confused or disoriented residents.	47	62.7	53.7	58.4
Residents with bed sores.	7	9.3	8.0	7.1
Residents receiving special skin care.	49	65.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MC LEAN COUNTY NURSING HOME

Street Address:		City and State:	
901 NORTH MAIN STREET		NORMAL IL 61761	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	150	LOCAL GOVERNMENT	06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
148		0		123	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		115	77.7	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		107	72.3	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		96	64.9	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		106	71.6	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		87	58.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		59	39.9	33.8	37.7
Completely bedfast residents.		6	4.1	3.2	3.4
Residents confined to chairs.		75	50.7	48.4	50.8
Residents requiring restraints.		61	41.2	35.7	41.3
Confused or disoriented residents.		86	58.1	53.7	58.4
Residents with bed sores.		8	5.4	8.0	7.1
Residents receiving special skin care.		26	17.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHANEL MANOR

Street Address:		City and State:	
509 N ADELAIDE STREET		NORMAL IL 61761	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	174	PROPRIETARY	12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
150	0	85	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	78.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	121	80.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	36.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	66.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	38.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	14.7	33.8	37.7
Completely bedfast residents.	5	3.3	3.2	3.4
Residents confined to chairs.	60	40.0	48.4	50.8
Residents requiring restraints.	49	32.7	35.7	41.3
Confused or disoriented residents.	70	46.7	53.7	58.4
Residents with bed sores.	12	8.0	8.0	7.1
Residents receiving special skin care.	57	38.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CENTRAL BAPTIST HOME FOR AGED

Street Address: 4750 NORTH ORANGE AVENUE		City and State: NORRIDGE IL 60656	
Participation: MEDICAID ICF	# of Beds: 136	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	Medicare Residents: 0	Medicaid Residents: 49	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	68.1	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	87	77.0	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	73	64.6	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	62.8	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	62.8	44.4	59.1
Residents on individually written bowel and bladder retraining program.	5	4.4	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	25.7	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	46	40.7	27.6	39.1
Residents requiring restraints.	50	44.2	23.4	31.7
Confused or disoriented residents.	63	55.8	49.8	55.8
Residents with bed sores.	11	9.7	4.0	4.7
Residents receiving special skin care.	64	56.6	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORRIDGE NURSING CENTER

Street Address: 7001 W CULLOM AVE		City and State: NORRIDGE IL 60634	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 315	Type of Ownership: PROPRIETARY	Survey Date: 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 292		Medicare Residents: 3		Medicaid Residents: 146			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				220	75.3	71.5	81.5
Dressing							
Residents requiring some or total assistance in dressing.				242	82.9	77.5	83.2
Toileting							
Residents requiring some or total assistance in toileting.				210	71.9	68.4	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				236	80.8	70.3	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				246	84.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.				0	0.0	6.1	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				95	32.5	33.8	37.7
Completely bedfast residents.				17	5.8	3.2	3.4
Residents confined to chairs.				112	38.4	48.4	50.8
Residents requiring restraints.				178	61.0	35.7	41.3
Confused or disoriented residents.				188	64.4	53.7	58.4
Residents with bed sores.				19	6.5	8.0	7.1
Residents receiving special skin care.				292	100	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTH AURORA MANOR

Street Address: 310 BANBURY RD		City and State: NORTH AURORA IL 60542	
Participation: MEDICAID ICF	# of Beds: 129	Type of Ownership: PROPRIETARY	Survey Date: 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 97
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	47.5	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	44	36.7	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	35	29.2	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	40.0	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	32.5	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	7.5	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	5	4.2	27.6	39.1
Residents requiring restraints.	23	19.2	23.4	31.7
Confused or disoriented residents.	42	35.0	49.8	55.8
Residents with bed sores.	4	3.3	4.0	4.7
Residents receiving special skin care.	10	8.3	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRANDEL CARE CENTER

Street Address: 2155 PFINGSTEN ROAD		City and State: NORTHBROOK IL 60062	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 102	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	Medicare Residents: 0	Medicaid Residents: 18	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	94.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	95.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	85.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	81.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	69.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	61.1	33.8	37.7
Completely bedfast residents.	6	6.3	3.2	3.4
Residents confined to chairs.	61	64.2	48.4	50.8
Residents requiring restraints.	48	50.5	35.7	41.3
Confused or disoriented residents.	61	64.2	53.7	58.4
Residents with bed sores.	2	2.1	8.0	7.1
Residents receiving special skin care.	10	10.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GLEN OAKS NH

Street Address:		City and State:	
270 SKOKIE HIGHWAY		NORTHBROOK IL 60062	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	294	PROPRIETARY	10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
272	0	240		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	138	50.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	235	86.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	141	51.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	176	64.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	168	61.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	33	12.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	170	62.5	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	23	8.5	48.4	50.8
Residents requiring restraints.	44	16.2	35.7	41.3
Confused or disoriented residents.	188	69.1	53.7	58.4
Residents with bed sores.	29	10.7	8.0	7.1
Residents receiving special skin care.	44	16.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKE COOK TERRACE

Street Address: 222 DENNIS DRIVE		City and State: NORTHBROOK IL 60062	
Participation: MEDICAID SNF/ICF	# of Beds: 140	Type of Ownership: PROPRIETARY	Survey Date: 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 131	Medicare Residents: 0	Medicaid Residents: 100	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	85.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	95	72.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	60.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	35.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	60.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	26	19.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	16.0	33.8	37.7
Completely bedfast residents.	5	3.8	3.2	3.4
Residents confined to chairs.	39	29.8	48.4	50.8
Residents requiring restraints.	27	20.6	35.7	41.3
Confused or disoriented residents.	47	35.9	53.7	58.4
Residents with bed sores.	5	3.8	8.0	7.1
Residents receiving special skin care.	46	35.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VILLA SCALABRINI

Street Address: 480 NORTH WOLF ROAD		City and State: NORTHLAKE IL 60164	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 265	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 187	Medicare Residents: 1	Medicaid Residents: 103	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	171	91.4	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	169	90.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	168	89.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	176	94.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	132	70.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	81	43.3	33.8	37.7
Completely bedfast residents.	9	4.8	3.2	3.4
Residents confined to chairs.	108	57.8	48.4	50.8
Residents requiring restraints.	65	34.8	35.7	41.3
Confused or disoriented residents.	138	73.8	53.7	58.4
Residents with bed sores.	12	6.4	8.0	7.1
Residents receiving special skin care.	50	26.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORWOOD PARK HOME

Street Address: 6016 NORTH NINA		City and State: NORWOOD PARK IL 60631	
Participation: MEDICAID ICF	# of Beds: 271	Type of Ownership: NON-PROFIT OTHER	Survey Date: 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 127		Medicare Residents: 0		Medicaid Residents: 63			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				69	54.3	58.0	78.3
Dressing							
Residents requiring some or total assistance in dressing.				94	74.0	61.9	76.7
Toileting							
Residents requiring some or total assistance in toileting.				68	53.5	46.6	63.4
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				97	76.4	50.5	66.0
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				56	44.1	44.4	59.1
Residents on individually written bowel and bladder retraining program.				41	32.3	7.1	6.1
Eating							
Residents receiving tube feedings or requiring assistance with eating.				33	26.0	19.4	29.3
Completely bedfast residents.				0	0.0	0.7	3.6
Residents confined to chairs.				38	29.9	27.6	39.1
Residents requiring restraints.				26	20.5	23.4	31.7
Confused or disoriented residents.				63	49.6	49.8	55.8
Residents with bed sores.				6	4.7	4.0	4.7
Residents receiving special skin care.				15	11.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAK FOREST HOSP-ECF

Street Address: 15900 S CICERO AVE		City and State: OAK FOREST IL 60452	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 775	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 03/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 707	Medicare Residents: 104	Medicaid Residents: 506		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	562	79.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	612	86.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	584	82.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	585	82.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	589	83.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	17	2.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	325	46.0	33.8	37.7
Completely bedfast residents.	142	20.1	3.2	3.4
Residents confined to chairs.	496	70.2	48.4	50.8
Residents requiring restraints.	308	43.6	35.7	41.3
Confused or disoriented residents.	326	46.1	53.7	58.4
Residents with bed sores.	179	25.3	8.0	7.1
Residents receiving special skin care.	382	54.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMERICANA HEALTHCARE CENTER

Street Address:		City and State:	
9401 SO KOSTNER AVE		OAK LAWN IL 60453	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	157	PROPRIETARY	09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
141	11	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	83.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	120	85.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	116	82.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	80.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	111	78.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	22.7	33.8	37.7
Completely bedfast residents.	9	6.4	3.2	3.4
Residents confined to chairs.	93	66.0	48.4	50.8
Residents requiring restraints.	94	66.7	35.7	41.3
Confused or disoriented residents.	38	27.0	53.7	58.4
Residents with bed sores.	29	20.6	8.0	7.1
Residents receiving special skin care.	31	22.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMERICANA MONTICELLO HLTHCARE CTR

Street Address: 6300 W 95TH ST		City and State: OAK LAWN IL 60453	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	Medicare Residents: 0	Medicaid Residents: 27	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	74.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	74.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	74.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	64.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	66.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	41.3	33.8	37.7
Completely bedfast residents.	2	2.7	3.2	3.4
Residents confined to chairs.	36	48.0	48.4	50.8
Residents requiring restraints.	39	52.0	35.7	41.3
Confused or disoriented residents.	47	62.7	53.7	58.4
Residents with bed sores.	7	9.3	8.0	7.1
Residents receiving special skin care.	49	65.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CONCORD EXTENDED CARE

Street Address:		City and State:	
9401 S RIDGELAND AVE		OAK LAWN IL 60453	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	99	PROPRIETARY	09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
89	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	59.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	76.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	66.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	78.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	55.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	32.6	33.8	37.7
Completely bedfast residents.	3	3.4	3.2	3.4
Residents confined to chairs.	57	64.0	48.4	50.8
Residents requiring restraints.	57	64.0	35.7	41.3
Confused or disoriented residents.	40	44.9	53.7	58.4
Residents with bed sores.	6	6.7	8.0	7.1
Residents receiving special skin care.	9	10.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAK LAWN CONVALESCENT HOME

Street Address:		City and State:	
9525 S MAYFIELD		OAK LAWN IL 60453	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	137	PROPRIETARY	11/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
130	0	91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	57.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	77.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	59.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	73.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	60.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	12	9.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	17.7	33.8	37.7
Completely bedfast residents.	1	0.8	3.2	3.4
Residents confined to chairs.	60	46.2	48.4	50.8
Residents requiring restraints.	24	18.5	35.7	41.3
Confused or disoriented residents.	36	27.7	53.7	58.4
Residents with bed sores.	19	14.6	8.0	7.1
Residents receiving special skin care.	41	31.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAK PARK CONVALESCENT CENTER

Street Address: 625 N HARLEM		City and State: OAK PARK IL 60302	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 204	Type of Ownership: PROPRIETARY	Survey Date: 09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 165	Medicare Residents: 4	Medicaid Residents: 89
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	134	81.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	157	95.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	135	81.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	134	81.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	123	74.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	32	19.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	38.8	33.8	37.7
Completely bedfast residents.	10	6.1	3.2	3.4
Residents confined to chairs.	76	46.1	48.4	50.8
Residents requiring restraints.	81	49.1	35.7	41.3
Confused or disoriented residents.	104	63.0	53.7	58.4
Residents with bed sores.	23	13.9	8.0	7.1
Residents receiving special skin care.	43	26.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

Facility column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAK PARK HOSPITAL SKILLED CARE UNIT

Street Address: 520 S MAPLE AVE		City and State: OAK PARK IL 60304	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 48	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	Medicare Residents: 0	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	92.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	23	92.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	20	80.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	92.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	92.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	4.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	16.0	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	12	48.0	48.4	50.8
Residents requiring restraints.	8	32.0	35.7	41.3
Confused or disoriented residents.	6	24.0	53.7	58.4
Residents with bed sores.	3	12.0	8.0	7.1
Residents receiving special skin care.	5	20.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAKBROOK NURSING CENTER

Street Address:		City and State:	
2013 MIDWEST ROAD		OAKBROOK IL 60521	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	138	PROPRIETARY	05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
130	0	110	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	76.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	92	70.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	86	66.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	69.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	53.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	12	9.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	23.8	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	76	58.5	48.4	50.8
Residents requiring restraints.	44	33.8	35.7	41.3
Confused or disoriented residents.	68	52.3	53.7	58.4
Residents with bed sores.	11	8.5	8.0	7.1
Residents receiving special skin care.	11	8.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIDGEVIEW CARE CENTER

Street Address:		City and State:	
ONE RIDGE LANE		OBLONG IL 62449	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	90	PROPRIETARY	09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
52	1	26		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		52	100	71.5
Dressing				
Residents requiring some or total assistance in dressing.		42	80.8	77.5
Toileting				
Residents requiring some or total assistance in toileting.		36	69.2	68.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		52	100	70.3
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		34	65.4	64.6
Residents on individually written bowel and bladder retraining program.		6	11.5	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.		24	46.2	33.8
Completely bedfast residents.		2	3.8	3.2
Residents confined to chairs.		18	34.6	48.4
Residents requiring restraints.		13	25.0	35.7
Confused or disoriented residents.		23	44.2	53.7
Residents with bed sores.		5	9.6	8.0
Residents receiving special skin care.		24	46.2	33.1

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ODIN CARE CENTER

Street Address: 300 GREEN ST		City and State: ODIN IL 62870	
Participation: MEDICAID SNF/ICF	# of Beds: 99	Type of Ownership: PROPRIETARY	Survey Date: 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	Medicare Residents: 0	Medicaid Residents: 58
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	68.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	77.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	77.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	77.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	39.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	48.9	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	33	35.9	48.4	50.8
Residents requiring restraints.	40	43.5	35.7	41.3
Confused or disoriented residents.	56	60.9	53.7	58.4
Residents with bed sores.	8	8.7	8.0	7.1
Residents receiving special skin care.	64	69.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKVIEW COLONIAL MANOR

Street Address: 300 WEBER DR		City and State: OFALLON IL 62269	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 149	Type of Ownership: PROPRIETARY	Survey Date: 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
126	0	100			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		86	68.3	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		86	68.3	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		86	68.3	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		86	68.3	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		86	68.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		24	19.0	33.8	37.7
Completely bedfast residents.		5	4.0	3.2	3.4
Residents confined to chairs.		68	54.0	48.4	50.8
Residents requiring restraints.		11	8.7	35.7	41.3
Confused or disoriented residents.		67	53.2	53.7	58.4
Residents with bed sores.		10	7.9	8.0	7.1
Residents receiving special skin care.		53	42.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BURGIN NURSING MANOR INC

Street Address:		City and State:	
900-928 E SCOTT ST		OLNEY IL 62450	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	150	PROPRIETARY	01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
74	1	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	67.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	75.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	51	68.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	74.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	64.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	28	37.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	27.0	33.8	37.7
Completely bedfast residents.	2	2.7	3.2	3.4
Residents confined to chairs.	37	50.0	48.4	50.8
Residents requiring restraints.	36	48.6	35.7	41.3
Confused or disoriented residents.	43	58.1	53.7	58.4
Residents with bed sores.	5	6.8	8.0	7.1
Residents receiving special skin care.	18	24.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OLNEY CARE CENTER

Street Address:		City and State:	
410 E MACK ST		OLNEY IL 62450	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	98	PROPRIETARY	03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
90	1	56		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	90.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	90.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	71.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	77.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	80.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	45.6	33.8	37.7
Completely bedfast residents.	5	5.6	3.2	3.4
Residents confined to chairs.	29	32.2	48.4	50.8
Residents requiring restraints.	43	47.8	35.7	41.3
Confused or disoriented residents.	52	57.8	53.7	58.4
Residents with bed sores.	9	10.0	8.0	7.1
Residents receiving special skin care.	35	38.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RICHLAND MEMORIAL HOSPITAL SNF

Street Address: 800 EAST LOCUST		City and State: OLNEY IL 62450	
Participation: MEDICARE SNF	# of Beds: 14	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 4	Medicare Residents: 0	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	4	100	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	4	100	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	4	100	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	100	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	25.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	2	50.0	48.4	50.8
Residents requiring restraints.	0	0.0	35.7	41.3
Confused or disoriented residents.	0	0.0	53.7	58.4
Residents with bed sores.	1	25.0	8.0	7.1
Residents receiving special skin care.	2	50.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WHITE PINES MANOR

Street Address:		City and State:	
811 SOUTH 10TH STREET		OREGON IL 61061	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	65	NON-PROFIT RELIGIOUS	10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
59	0	25	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	66.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	74.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	71.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	71.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	35.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	20.3	33.8	37.7
Completely bedfast residents.	2	3.4	3.2	3.4
Residents confined to chairs.	41	69.5	48.4	50.8
Residents requiring restraints.	23	39.0	35.7	41.3
Confused or disoriented residents.	25	42.4	53.7	58.4
Residents with bed sores.	2	3.4	8.0	7.1
Residents receiving special skin care.	7	11.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LASALLE CO NURS HME

Street Address:		City and State:	
RR 1		OTTAWA IL 61350	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	104	LOCAL GOVERNMENT	07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
104	0	104	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	96.2	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	101	97.1	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	66	63.5	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	80.8	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	71.2	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	19.2	19.4	29.3
Completely bedfast residents.	6	5.8	0.7	3.6
Residents confined to chairs.	69	66.3	27.6	39.1
Residents requiring restraints.	28	26.9	23.4	31.7
Confused or disoriented residents.	43	41.3	49.8	55.8
Residents with bed sores.	12	11.5	4.0	4.7
Residents receiving special skin care.	0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OTTAWA CARE CENTER

Street Address: 800 E CENTER		City and State: OTTAWA IL 61350	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 93	Type of Ownership: PROPRIETARY	Survey Date: 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	Medicare Residents: 0	Medicaid Residents: 40	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	45.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	84.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	80.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	83.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	74.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	13	14.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	36.7	33.8	37.7
Completely bedfast residents.	2	2.2	3.2	3.4
Residents confined to chairs.	30	33.3	48.4	50.8
Residents requiring restraints.	51	56.7	35.7	41.3
Confused or disoriented residents.	63	70.0	53.7	58.4
Residents with bed sores.	6	6.7	8.0	7.1
Residents receiving special skin care.	40	44.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PLEASANT VIEW LUTHER HOME

Street Address: 505 COLLEGE AVE		City and State: OTTAWA IL 61350	
Participation: MEDICAID ICF	# of Beds: 235	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 220	Medicare Residents: 0	Medicaid Residents: 62
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	156	70.9	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	127	57.7	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	96	43.6	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	40.9	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	39.5	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	20.5	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	35	15.9	27.6	39.1
Residents requiring restraints.	67	30.5	23.4	31.7
Confused or disoriented residents.	86	39.1	49.8	55.8
Residents with bed sores.	11	5.0	4.0	4.7
Residents receiving special skin care.	11	5.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOSEPHS HOME FOR THE ELDERLY

Street Address:		City and State:	
80 WEST NORTHWEST HIGHWAY		PALATINE IL 60067	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	137	NON-PROFIT RELIGIOUS	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
91	0	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	82.4	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	70	76.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	62.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	92.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	71.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	43	47.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	22.0	33.8	37.7
Completely bedfast residents.	1	1.1	3.2	3.4
Residents confined to chairs.	39	42.9	48.4	50.8
Residents requiring restraints.	20	22.0	35.7	41.3
Confused or disoriented residents.	56	61.5	53.7	58.4
Residents with bed sores.	10	11.0	8.0	7.1
Residents receiving special skin care.	23	25.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REST HAVEN ILLIANA CHRISTIAN HOME

Street Address:		City and State:	
13259 S CENTRAL AVE		PALOS HEIGHTS IL 60463	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	195	NON-PROFIT RELIGIOUS	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
186	0	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	150	80.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	146	78.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	136	73.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	167	89.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	133	71.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	29	15.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	71	38.2	33.8	37.7
Completely bedfast residents.	1	0.5	3.2	3.4
Residents confined to chairs.	119	64.0	48.4	50.8
Residents requiring restraints.	87	46.8	35.7	41.3
Confused or disoriented residents.	123	66.1	53.7	58.4
Residents with bed sores.	20	10.8	8.0	7.1
Residents receiving special skin care.	109	58.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WINDSOR MANOR

Street Address:		City and State:	
10426 S ROBERTS RD		PALOS HILLS IL 60465	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	203	PROPRIETARY	10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
188	0	188	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	132	70.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	150	79.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	136	72.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	67.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	116	61.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	17.0	33.8	37.7
Completely bedfast residents.	5	2.7	3.2	3.4
Residents confined to chairs.	134	71.3	48.4	50.8
Residents requiring restraints.	93	49.5	35.7	41.3
Confused or disoriented residents.	102	54.3	53.7	58.4
Residents with bed sores.	31	16.5	8.0	7.1
Residents receiving special skin care.	22	11.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BARRY CARE CENTER OF PANA

Street Address:		City and State:	
1000 EAST 6TH STREET ROAD		PANA IL 62557	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	02/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
150	0	91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	121	80.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	122	81.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	97	64.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	62.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	88	58.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	34.0	33.8	37.7
Completely bedfast residents.	2	1.3	3.2	3.4
Residents confined to chairs.	75	50.0	48.4	50.8
Residents requiring restraints.	72	48.0	35.7	41.3
Confused or disoriented residents.	77	51.3	53.7	58.4
Residents with bed sores.	5	3.3	8.0	7.1
Residents receiving special skin care.	45	30.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PANA HAWTHORNE LODGE

Street Address:		City and State:	
900 S CHESTNUT ST		PANA IL 62557	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	123	NON-PROFIT PRIVATE	02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
101	1	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	90.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	76.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	65.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	67.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	66.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	20.8	33.8	37.7
Completely bedfast residents.	2	2.0	3.2	3.4
Residents confined to chairs.	53	52.5	48.4	50.8
Residents requiring restraints.	44	43.6	35.7	41.3
Confused or disoriented residents.	51	50.5	53.7	58.4
Residents with bed sores.	11	10.9	8.0	7.1
Residents receiving special skin care.	23	22.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE NURSING CENTER

Street Address:		City and State:	
310 SOUTH EADS		PARIS IL 61944	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	62	PROPRIETARY	06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
56	1	32	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	75.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	41	73.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	76.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	60.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	80.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	5	8.9	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	16.1	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	17	30.4	48.4	50.8
Residents requiring restraints.	13	23.2	35.7	41.3
Confused or disoriented residents.	24	42.9	53.7	58.4
Residents with bed sores.	4	7.1	8.0	7.1
Residents receiving special skin care.	22	39.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARIS HEALTHCARE CENTER

Street Address:		City and State:	
1011 NORTH MAIN STREET		PARIS IL 61944	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	98	PROPRIETARY	07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
88		0		33	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		73	83.0	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		82	93.2	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		67	76.1	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		52	59.1	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		68	77.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		26	29.5	33.8	37.7
Completely bedfast residents.		0	0.0	3.2	3.4
Residents confined to chairs.		57	64.8	48.4	50.8
Residents requiring restraints.		49	55.7	35.7	41.3
Confused or disoriented residents.		22	25.0	53.7	58.4
Residents with bed sores.		12	13.6	8.0	7.1
Residents receiving special skin care.		28	31.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RESURRECTION NURSING PAVILION

Street Address:		City and State:	
1001 N GREENWOOD AVE		PARK RIDGE IL 60068	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	298	NON-PROFIT RELIGIOUS	02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
275	35	32			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	262	95.3	71.5	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	185	67.3	77.5	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	263	95.6	68.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	240	87.3	70.3	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	246	89.5	64.6	68.2	
Residents on individually written bowel and bladder retraining program.	2	0.7	6.1	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	206	74.9	33.8	37.7	
Completely bedfast residents.	22	8.0	3.2	3.4	
Residents confined to chairs.	205	74.5	48.4	50.8	
Residents requiring restraints.	35	12.7	35.7	41.3	
Confused or disoriented residents.	115	41.8	53.7	58.4	
Residents with bed sores.	19	6.9	8.0	7.1	
Residents receiving special skin care.	88	32.0	33.1	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST MATTHEW LUTHERAN HOME

Street Address:		City and State:	
1601 N WESTERN AVE		PARK RIDGE IL 60068	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	176	NON-PROFIT RELIGIOUS	04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
147	0	59		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	59.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	66.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	105	71.4	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	68.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	119	81.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	34.7	33.8	37.7
Completely bedfast residents.	15	10.2	3.2	3.4
Residents confined to chairs.	85	57.8	48.4	50.8
Residents requiring restraints.	27	18.4	35.7	41.3
Confused or disoriented residents.	70	47.6	53.7	58.4
Residents with bed sores.	9	6.1	8.0	7.1
Residents receiving special skin care.	60	40.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FORD CO NURSING HOME

Street Address:		City and State:	
ROUTE 2		PAXTON IL 60957	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	69	LOCAL GOVERNMENT	05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
68	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	76.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	82.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	58.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	57.4	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	67.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	29	42.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	20.6	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	39	57.4	48.4	50.8
Residents requiring restraints.	13	19.1	35.7	41.3
Confused or disoriented residents.	30	44.1	53.7	58.4
Residents with bed sores.	2	2.9	8.0	7.1
Residents receiving special skin care.	28	41.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ILLINOIS KNIGHTS TEMPLAR HOME FOR AGED

Street Address:		City and State:	
450 E FULTON STREET		PAXTON IL 60957	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	56	NON-PROFIT OTHER	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	70.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	37	78.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	59.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	63.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	31.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	12.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	19.1	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	33	70.2	48.4	50.8
Residents requiring restraints.	16	34.0	35.7	41.3
Confused or disoriented residents.	17	36.2	53.7	58.4
Residents with bed sores.	5	10.6	8.0	7.1
Residents receiving special skin care.	14	29.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE B J PERINO NURSING HOME INC

Street Address:		City and State:	
601 PRINCE STREET		PEKIN IL 61554	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	84	PROPRIETARY	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
69	0	52	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	46.4	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	37	53.6	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	28	40.6	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	36.2	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	46.4	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	10.1	19.4	29.3
Completely bedfast residents.	2	2.9	0.7	3.6
Residents confined to chairs.	11	15.9	27.6	39.1
Residents requiring restraints.	10	14.5	23.4	31.7
Confused or disoriented residents.	24	34.8	49.8	55.8
Residents with bed sores.	6	8.7	4.0	4.7
Residents receiving special skin care.	11	15.9	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PEKIN CONVALESCENT CENTER

Street Address: 2220 STATE STREET		City and State: PEKIN IL 61554	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 202	Type of Ownership: PROPRIETARY	Survey Date: 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 179	Medicare Residents: 0	Medicaid Residents: 140	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	168	93.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	157	87.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	157	87.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	73.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	122	68.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	9	5.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	27.4	33.8	37.7
Completely bedfast residents.	4	2.2	3.2	3.4
Residents confined to chairs.	85	47.5	48.4	50.8
Residents requiring restraints.	73	40.8	35.7	41.3
Confused or disoriented residents.	87	48.6	53.7	58.4
Residents with bed sores.	22	12.3	8.0	7.1
Residents receiving special skin care.	9	5.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GALENA PARK HOME

Street Address:		City and State:	
5533 N GALENA RD		PEORIA HEIGHTS IL 61614	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	98	NON-PROFIT OTHER	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
91	1	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	68.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	84.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	80.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	79.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	78.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	39.6	33.8	37.7
Completely bedfast residents.	4	4.4	3.2	3.4
Residents confined to chairs.	50	54.9	48.4	50.8
Residents requiring restraints.	22	24.2	35.7	41.3
Confused or disoriented residents.	12	13.2	53.7	58.4
Residents with bed sores.	13	14.3	8.0	7.1
Residents receiving special skin care.	22	24.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMERICANA HEALTHCARE CTR OF PEORIA

Street Address:		City and State:	
5600 GLEN ELM DR		PEORIA IL 61614	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	114	PROPRIETARY	10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
94	2	40		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	87.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	83.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	79.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	79.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	60.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	37.2	33.8	37.7
Completely bedfast residents.	1	1.1	3.2	3.4
Residents confined to chairs.	54	57.4	48.4	50.8
Residents requiring restraints.	45	47.9	35.7	41.3
Confused or disoriented residents.	70	74.5	53.7	58.4
Residents with bed sores.	5	5.3	8.0	7.1
Residents receiving special skin care.	43	45.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE APOSTOLIC CHRISTIAN HOME

Street Address:		City and State:	
7023 NE SKYLINE DRIVE		PEORIA IL 61614	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	69	NON-PROFIT RELIGIOUS	04/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
59	0	8	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	47.5	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	28	47.5	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	27	45.8	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	45.8	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	45.8	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	37.3	19.4	29.3
Completely bedfast residents.	1	1.7	0.7	3.6
Residents confined to chairs.	10	16.9	27.6	39.1
Residents requiring restraints.	14	23.7	23.4	31.7
Confused or disoriented residents.	20	33.9	49.8	55.8
Residents with bed sores.	1	1.7	4.0	4.7
Residents receiving special skin care.	5	8.5	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEL WOOD NURS HOME

Street Address:		City and State:	
6701 W PLANK RD		PEORIA IL 61604	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	300	LOCAL GOVERNMENT	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
299	0	114	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	241	80.6	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	221	73.9	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	209	69.9	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	186	62.2	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	232	77.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	43	14.4	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	95	31.8	19.4	29.3
Completely bedfast residents.	6	2.0	0.7	3.6
Residents confined to chairs.	204	68.2	27.6	39.1
Residents requiring restraints.	151	50.5	23.4	31.7
Confused or disoriented residents.	181	60.5	49.8	55.8
Residents with bed sores.	12	4.0	4.0	4.7
Residents receiving special skin care.	160	53.5	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HIGHVIEW NURSING CENTER

Street Address:		City and State:	
2308 W NEBRASKA ST		PEORIA IL 61604	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	105	PROPRIETARY	04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
84	3	35		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	66.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	71.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	71.4	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	73.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	75.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	40.5	33.8	37.7
Completely bedfast residents.	2	2.4	3.2	3.4
Residents confined to chairs.	65	77.4	48.4	50.8
Residents requiring restraints.	28	33.3	35.7	41.3
Confused or disoriented residents.	33	39.3	53.7	58.4
Residents with bed sores.	6	7.1	8.0	7.1
Residents receiving special skin care.	41	48.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LUTHERAN HOME OF GREATER PEORIA

Street Address:		City and State:	
7019 N GALENA RD		PEORIA IL 61614	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	80	NON-PROFIT RELIGIOUS	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	0	6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	72.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	69	87.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	51	64.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	100	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	51.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	26.6	33.8	37.7
Completely bedfast residents.	1	1.3	3.2	3.4
Residents confined to chairs.	19	24.1	48.4	50.8
Residents requiring restraints.	39	49.4	35.7	41.3
Confused or disoriented residents.	34	43.0	53.7	58.4
Residents with bed sores.	5	6.3	8.0	7.1
Residents receiving special skin care.	19	24.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

PROCTOR COMM HOSP SKILLED NRSG CTR

Street Address:		City and State:	
5409 N KNOXVILLE AVE		PEORIA IL 61614	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	17	NON-PROFIT PRIVATE	04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
16	14	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	5	31.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	16	100	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	16	100	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	93.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	56.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	37.5	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	10	62.5	48.4	50.8
Residents requiring restraints.	4	25.0	35.7	41.3
Confused or disoriented residents.	1	6.3	53.7	58.4
Residents with bed sores.	2	12.5	8.0	7.1
Residents receiving special skin care.	6	37.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHARON HEALTHCARE ELMS, INC.

Street Address:		City and State:	
3611 NORTH ROCHELLE		PEORIA IL 61604	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	99	PROPRIETARY	12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
89	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	37.1	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	53	59.6	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	29	32.6	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	58.4	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	42.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	2	2.2	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	10.1	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	15	16.9	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	42	47.2	49.8	55.8
Residents with bed sores.	1	1.1	4.0	4.7
Residents receiving special skin care.	2	2.2	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHARON HEALTHCARE OAKS

Street Address:		City and State:	
3111 WEST RICHWOODS BLVD		PEORIA IL 61604	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	12/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
109	0	109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	40.4	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	48	44.0	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	65	59.6	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	66.1	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	52.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	58	53.2	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	7.3	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	37	33.9	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	80	73.4	49.8	55.8
Residents with bed sores.	1	0.9	4.0	4.7
Residents receiving special skin care.	38	34.9	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHARON HEALTHCARE PINES, INC.

Street Address:		City and State:	
3614 N ROCHELLE LANE		PEORIA IL 61604	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	NON-PROFIT OTHER	12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
113	0	107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	52.2	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	61	54.0	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	51	45.1	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	68.1	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	28.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	10	8.8	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	5.3	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	40	35.4	27.6	39.1
Residents requiring restraints.	18	15.9	23.4	31.7
Confused or disoriented residents.	52	46.0	49.8	55.8
Residents with bed sores.	8	7.1	4.0	4.7
Residents receiving special skin care.	17	15.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all 533 requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHARON HEALTHCARE REGENCY

Street Address:		City and State:	
3520 N ROCHELLE		PEORIA IL 61604	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	99	PROPRIETARY	02/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
89		0		75	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		43	48.3	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		85	95.5	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		85	95.5	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		85	95.5	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		85	95.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.		10	11.2	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		50	56.2	33.8	37.7
Completely bedfast residents.		0	0.0	3.2	3.4
Residents confined to chairs.		85	95.5	48.4	50.8
Residents requiring restraints.		70	78.7	35.7	41.3
Confused or disoriented residents.		47	52.8	53.7	58.4
Residents with bed sores.		25	28.1	8.0	7.1
Residents receiving special skin care.		60	67.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHARON HEALTHCARE WOODS INC.

Street Address:		City and State:	
3301 W RICHWOODS		PEORIA IL 61604	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	152	PROPRIETARY	01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
133	0	125

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	13.5	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	12.0	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	1	0.8	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	8.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	1	0.8	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	0	0.0	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	1	0.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOSEPH HOME FOR THE AGED

Street Address:		City and State:	
2223 WEST HEADING AVE		PEORIA IL 61604	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	194	NON-PROFIT PRIVATE	03/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
40	0	9	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	72.5	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	33	82.5	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	25	62.5	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	60.0	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	55.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	37.5	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	19	47.5	27.6	39.1
Residents requiring restraints.	7	17.5	23.4	31.7
Confused or disoriented residents.	26	65.0	49.8	55.8
Residents with bed sores.	3	7.5	4.0	4.7
Residents receiving special skin care.	22	55.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PEOTONE BENSENVILLE HOME

Street Address:		City and State:	
104 SOUTH WEST STREET		PEOTONE IL 60468	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	34	NON-PROFIT OTHER	11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
33	0	4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	100	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	20	60.6	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	17	51.5	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	48.5	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	48.5	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	21.2	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	12	36.4	27.6	39.1
Residents requiring restraints.	12	36.4	23.4	31.7
Confused or disoriented residents.	19	57.6	49.8	55.8
Residents with bed sores.	3	9.1	4.0	4.7
Residents receiving special skin care.	3	9.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE MANOR NURSING CONV HOME

Street Address:		City and State:	
22ND ROCK STREETS		PERU IL 61354	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	03/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
119	3	54	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	89.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	111	93.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	79.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	100	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	61.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	34.5	33.8	37.7
Completely bedfast residents.	3	2.5	3.2	3.4
Residents confined to chairs.	55	46.2	48.4	50.8
Residents requiring restraints.	44	37.0	35.7	41.3
Confused or disoriented residents.	72	60.5	53.7	58.4
Residents with bed sores.	7	5.9	8.0	7.1
Residents receiving special skin care.	34	28.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MENARD CONV CENTER

Street Address:		City and State:	
120 W ANTLE ST		PETERSBURG IL 62675	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	86	PROPRIETARY	10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
77	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	94.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	61.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	53.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	76.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	41.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	32.5	33.8	37.7
Completely bedfast residents.	3	3.9	3.2	3.4
Residents confined to chairs.	34	44.2	48.4	50.8
Residents requiring restraints.	20	26.0	35.7	41.3
Confused or disoriented residents.	37	48.1	53.7	58.4
Residents with bed sores.	9	11.7	8.0	7.1
Residents receiving special skin care.	10	13.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNNY ACRES NURSING HOME

Street Address: R R #3 BOX 305		City and State: PETERSBURG IL 62675	
Participation: MEDICAID SNF/ICF	# of Beds: 96	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	Medicare Residents: 0	Medicaid Residents: 24		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	63.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	68.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	53.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	58.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	50.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	5	5.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	21.7	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	20	21.7	48.4	50.8
Residents requiring restraints.	30	32.6	35.7	41.3
Confused or disoriented residents.	50	54.3	53.7	58.4
Residents with bed sores.	11	12.0	8.0	7.1
Residents receiving special skin care.	28	30.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LIFECARE CENTER OF PINCKNEYVILLE

Street Address:		City and State:	
708 VIRGINIA CT P O BOX 407		PINCKNEYVILLE IL 62274	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	02/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	70.9	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	39	70.9	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	33	60.0	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	74.5	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	50.9	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	25.5	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	22	40.0	27.6	39.1
Residents requiring restraints.	23	41.8	23.4	31.7
Confused or disoriented residents.	27	49.1	49.8	55.8
Residents with bed sores.	2	3.6	4.0	4.7
Residents receiving special skin care.	9	16.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PINCKNEYVILLE SKILLED CARE UNIT

Street Address:		City and State:	
101 NORTH WALNUT ST		PINCKNEYVILLE IL 62274	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	40	NON-PROFIT OTHER	02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
39	4	6		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		39	100	71.5
Dressing				
Residents requiring some or total assistance in dressing.		36	92.3	77.5
Toileting				
Residents requiring some or total assistance in toileting.		30	76.9	68.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		28	71.8	70.3
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		36	92.3	64.6
Residents on individually written bowel and bladder retraining program.		1	2.6	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.		16	41.0	33.8
Completely bedfast residents.		10	25.6	3.2
Residents confined to chairs.		18	46.2	48.4
Residents requiring restraints.		27	69.2	35.7
Confused or disoriented residents.		32	82.1	53.7
Residents with bed sores.		1	2.6	8.0
Residents receiving special skin care.		1	2.6	33.1

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENBRIER LODGE

Street Address: 600 MAPLE STREET		City and State: PIPER CITY IL 60938	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 32		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	75.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	76.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	32	53.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	93.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	65.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	25.0	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	25	41.7	48.4	50.8
Residents requiring restraints.	22	36.7	35.7	41.3
Confused or disoriented residents.	19	31.7	53.7	58.4
Residents with bed sores.	6	10.0	8.0	7.1
Residents receiving special skin care.	8	13.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PITTSFIELD NURSING CENTER

Street Address:		City and State:	
RTE 36 EAST		PITTSFIELD IL 62363	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	99	PROPRIETARY	04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
94	0	75	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	56	59.6	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	60	63.8	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	57	60.6	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	56.4	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	41.5	44.4	59.1
Residents on individually written bowel and bladder retraining program.	28	29.8	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	26.6	19.4	29.3
Completely bedfast residents.	1	1.1	0.7	3.6
Residents confined to chairs.	64	68.1	27.6	39.1
Residents requiring restraints.	16	17.0	23.4	31.7
Confused or disoriented residents.	70	74.5	49.8	55.8
Residents with bed sores.	8	8.5	4.0	4.7
Residents receiving special skin care.	24	25.5	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	0	0.0	65	1.2
MET	6	2.5	198	3.6
MET	4	1.7	79	1.4
MET	18	7.6	564	10.3
MET	19	8.0	798	14.6
MET	2	0.8	25	0.5
MET	2	0.8	89	1.6
MET	0	0.0	0	0.0
MET	0	0.0	25	0.5
MET	0	0.0	0	0.0
MET	9	3.8	335	6.1
NOT MET	43	18.1	1187	21.7
MET	18	7.6	679	12.4
MET	9	3.8	382	7.0
MET	16	6.8	807	14.8
MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE POLO CONTINENTAL MANOR

Street Address: 703 E BUFFALO		City and State: POLO IL 61064	
Participation: MEDICAID ICF	# of Beds: 81	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	Medicare Residents: 0	Medicaid Residents: 36
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	73.6	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	50	69.4	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	43	59.7	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	59.7	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	59.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	18.1	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	40	55.6	27.6	39.1
Residents requiring restraints.	30	41.7	23.4	31.7
Confused or disoriented residents.	32	44.4	49.8	55.8
Residents with bed sores.	4	5.6	4.0	4.7
Residents receiving special skin care.	3	4.2	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EVENGLOW LODGE

Street Address: 215 E WASHINGTON ST		City and State: PONTIAC IL 61764	
Participation: MEDICAID ICF	# of Beds: 211	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	Medicare Residents: 0	Medicaid Residents: 13	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%

Bathing					
Residents requiring some or total assistance in bathing.	59	92.2	58.0	78.3	
Dressing					
Residents requiring some or total assistance in dressing.	56	87.5	61.9	76.7	
Toileting					
Residents requiring some or total assistance in toileting.	52	81.3	46.6	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	90.6	50.5	66.0	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	64	100	44.4	59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	16	25.0	19.4	29.3	
Completely bedfast residents.	0	0.0	0.7	3.6	
Residents confined to chairs.	27	42.2	27.6	39.1	
Residents requiring restraints.	26	40.6	23.4	31.7	
Confused or disoriented residents.	49	76.6	49.8	55.8	
Residents with bed sores.	4	6.3	4.0	4.7	
Residents receiving special skin care.	4	6.3	21.1	24.0	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HUMISTON HAVEN

Street Address:		City and State:	
300 W LOWELL AVENUE		PONTIAC IL 61764	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	88	NON-PROFIT PRIVATE	07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	83.5	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	58	73.4	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	54	68.4	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	74.7	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	58.2	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	29.1	19.4	29.3
Completely bedfast residents.	1	1.3	0.7	3.6
Residents confined to chairs.	16	20.3	27.6	39.1
Residents requiring restraints.	30	38.0	23.4	31.7
Confused or disoriented residents.	32	40.5	49.8	55.8
Residents with bed sores.	1	1.3	4.0	4.7
Residents receiving special skin care.	0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LIVINGSTON MANOR

Street Address:		City and State:	
RR 1		PONTIAC IL 61764	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	125	LOCAL GOVERNMENT	09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
119	0	84		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	61.3	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	85	71.4	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	90	75.6	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	100	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	88	73.9	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	42.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	9	7.6	27.6	39.1
Residents requiring restraints.	51	42.9	23.4	31.7
Confused or disoriented residents.	66	55.5	49.8	55.8
Residents with bed sores.	8	6.7	4.0	4.7
Residents receiving special skin care.	10	8.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JAMES HOSPITAL

Street Address:		City and State:	
600 EAST WATER STREET		PONTIAC IL 61764	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	16	NON-PROFIT RELIGIOUS	06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
11	9	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	9	81.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	10	90.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	10	90.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	90.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	45.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	45.5	33.8	37.7
Completely bedfast residents.	2	18.2	3.2	3.4
Residents confined to chairs.	4	36.4	48.4	50.8
Residents requiring restraints.	2	18.2	35.7	41.3
Confused or disoriented residents.	4	36.4	53.7	58.4
Residents with bed sores.	2	18.2	8.0	7.1
Residents receiving special skin care.	4	36.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PRAIRIE CITY NURSING CENTER

Street Address:		City and State:	
RR 2		PRAIRIE CITY IL 61470	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	49	PROPRIETARY	06/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
46	0	22	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	58.7	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	28	60.9	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	22	47.8	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	50.0	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	45.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	21.7	19.4	29.3
Completely bedfast residents.	2	4.3	0.7	3.6
Residents confined to chairs.	12	26.1	27.6	39.1
Residents requiring restraints.	11	23.9	23.4	31.7
Confused or disoriented residents.	13	28.3	49.8	55.8
Residents with bed sores.	5	10.9	4.0	4.7
Residents receiving special skin care.	19	41.3	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLONIAL HALL NURSING HOME

Street Address:		City and State:	
515 SOUTH 6TH STREET		PRINCETON IL 61356	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	72	NON-PROFIT RELIGIOUS	05/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
62	1	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	40.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	82.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	71.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	72.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	50.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	33.9	33.8	37.7
Completely bedfast residents.	1	1.6	3.2	3.4
Residents confined to chairs.	43	69.4	48.4	50.8
Residents requiring restraints.	30	48.4	35.7	41.3
Confused or disoriented residents.	19	30.6	53.7	58.4
Residents with bed sores.	8	12.9	8.0	7.1
Residents receiving special skin care.	5	8.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PRAIRIE VIEW NURSING HOME

Street Address:		City and State:	
RR 5		PRINCETON IL 61356	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	160	LOCAL GOVERNMENT	04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
149	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	118	79.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	130	87.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	106	71.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	71.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	53.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	28.9	33.8	37.7
Completely bedfast residents.	1	0.7	3.2	3.4
Residents confined to chairs.	95	63.8	48.4	50.8
Residents requiring restraints.	79	53.0	35.7	41.3
Confused or disoriented residents.	108	72.5	53.7	58.4
Residents with bed sores.	14	9.4	8.0	7.1
Residents receiving special skin care.	67	45.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROOSEVELT SQUARE

Street Address: 1015 PARK AVE EAST		City and State: PRINCETON IL 61356	
Participation: MEDICAID ICF	# of Beds: 63	Type of Ownership: PROPRIETARY	Survey Date: 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	Medicare Residents: 0	Medicaid Residents: 40	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	72.1	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	31	50.8	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	25	41.0	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	65.6	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	45.9	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	24.6	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	1	1.6	27.6	39.1
Residents requiring restraints.	8	13.1	23.4	31.7
Confused or disoriented residents.	26	42.6	49.8	55.8
Residents with bed sores.	4	6.6	4.0	4.7
Residents receiving special skin care.	12	19.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROPHETS RIVERVIEW GOOD SAMARITAN CTR

Street Address:		City and State:	
310 MOSHER		PROPHETSTOWN IL 61277	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	68	NON-PROFIT OTHER	07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
68	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	75.0	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	52	76.5	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	47	69.1	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	57.4	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	45.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	19.1	19.4	29.3
Completely bedfast residents.	1	1.5	0.7	3.6
Residents confined to chairs.	28	41.2	27.6	39.1
Residents requiring restraints.	19	27.9	23.4	31.7
Confused or disoriented residents.	25	36.8	49.8	55.8
Residents with bed sores.	3	4.4	4.0	4.7
Residents receiving special skin care.	12	17.6	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WINNING WHEELS INC

Street Address:		City and State:	
701 E THIRD STREET RR 3 BOX 12 A		PROPHETSTOWN IL 61277	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	76	NON-PROFIT OTHER	06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
68	0	63		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	72.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	100	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	86.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	86.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	85.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	29.4	33.8	37.7
Completely bedfast residents.	3	4.4	3.2	3.4
Residents confined to chairs.	68	100	48.4	50.8
Residents requiring restraints.	3	4.4	35.7	41.3
Confused or disoriented residents.	12	17.6	53.7	58.4
Residents with bed sores.	4	5.9	8.0	7.1
Residents receiving special skin care.	68	100	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

GOOD SAMARITAN HOME

Street Address:		City and State:	
2130 HARRISON		QUINCY IL 62301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	275	NON-PROFIT PRIVATE	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
174	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	153	87.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	155	89.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	135	77.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	73.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	120	69.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	9	5.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	62	35.6	33.8	37.7
Completely bedfast residents.	2	1.1	3.2	3.4
Residents confined to chairs.	55	31.6	48.4	50.8
Residents requiring restraints.	97	55.7	35.7	41.3
Confused or disoriented residents.	130	74.7	53.7	58.4
Residents with bed sores.	3	1.7	8.0	7.1
Residents receiving special skin care.	54	31.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LINCOLN HILL NURSING CENTER

Street Address:		City and State:	
1440 NORTH 10TH		QUINCY IL 62301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	99	PROPRIETARY	04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
88	2	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	75.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	65.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	75.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	63.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	60.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	15	17.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	26.1	33.8	37.7
Completely bedfast residents.	4	4.5	3.2	3.4
Residents confined to chairs.	42	47.7	48.4	50.8
Residents requiring restraints.	37	42.0	35.7	41.3
Confused or disoriented residents.	63	71.6	53.7	58.4
Residents with bed sores.	5	5.7	8.0	7.1
Residents receiving special skin care.	41	46.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE QUINSIPPI LONG TERM CARE FACILITY INC

Street Address:		City and State:	
720 SYCAMORE STREET		QUINCY IL 62301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	214	PROPRIETARY	02/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
186	0	146	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	155	83.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	150	80.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	117	62.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	62.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	114	61.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	9	4.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	25.3	33.8	37.7
Completely bedfast residents.	4	2.2	3.2	3.4
Residents confined to chairs.	47	25.3	48.4	50.8
Residents requiring restraints.	55	29.6	35.7	41.3
Confused or disoriented residents.	115	61.8	53.7	58.4
Residents with bed sores.	4	2.2	8.0	7.1
Residents receiving special skin care.	62	33.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSET HOME OF THE U.M. CHURCH

Street Address:		City and State:	
418 WASHINGTON STREET		QUINCY IL 62301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	253	NON-PROFIT RELIGIOUS	10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
147	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	122	83.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	127	86.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	100	68.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	75.5	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	93	63.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	29.9	33.8	37.7
Completely bedfast residents.	1	0.7	3.2	3.4
Residents confined to chairs.	85	57.8	48.4	50.8
Residents requiring restraints.	6	4.1	35.7	41.3
Confused or disoriented residents.	71	48.3	53.7	58.4
Residents with bed sores.	21	14.3	8.0	7.1
Residents receiving special skin care.	55	37.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARIA CARE

Street Address:		City and State:	
350 WEST SOUTH FIRST STREET		RED BUD IL 62278	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	115	NON-PROFIT RELIGIOUS	12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
104	0	48		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	84.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	80.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	75.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	75.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	75.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	8	7.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	29.8	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	28	26.9	48.4	50.8
Residents requiring restraints.	55	52.9	35.7	41.3
Confused or disoriented residents.	55	52.9	53.7	58.4
Residents with bed sores.	9	8.7	8.0	7.1
Residents receiving special skin care.	32	30.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST CLEMENT HOSPITAL

Street Address:		City and State:	
325 SPRING ST		RED BUD IL 62278	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	16	NON-PROFIT RELIGIOUS	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
14	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	78.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	12	85.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	11	78.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	71.4	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	57.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	35.7	33.8	37.7
Completely bedfast residents.	3	21.4	3.2	3.4
Residents confined to chairs.	4	28.6	48.4	50.8
Residents requiring restraints.	3	21.4	35.7	41.3
Confused or disoriented residents.	3	21.4	53.7	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	2	14.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

RICHTON CROSSING CONVALESCENT CENTER

Street Address:		City and State:	
IMPERIAL DRV AND CICERO AVE, BOX 345		RICHTON PARK IL 60471	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	294	PROPRIETARY	12/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
276	9	181

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	168	60.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	219	79.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	194	70.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	182	65.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	174	63.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	1.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	100	36.2	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	98	35.5	48.4	50.8
Residents requiring restraints.	109	39.5	35.7	41.3
Confused or disoriented residents.	203	73.6	53.7	58.4
Residents with bed sores.	38	13.8	8.0	7.1
Residents receiving special skin care.	46	16.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIDGWAY MANOR NURSING CENTER

Street Address:		City and State:	
ROUTE 1 BOX 181A		RIDGWAY IL 62979	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	71	PROPRIETARY	10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
62	0	62		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	100	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	62	100	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	47	75.8	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	82.3	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	83.9	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	16.1	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	30	48.4	27.6	39.1
Residents requiring restraints.	40	64.5	23.4	31.7
Confused or disoriented residents.	59	95.2	49.8	55.8
Residents with bed sores.	2	3.2	4.0	4.7
Residents receiving special skin care.	0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRENTWOOD NO NURSING CTR

Street Address: 3705 DEERFIELD RD		City and State: RIVERWOODS IL 60015	
Participation: MEDICARE SNF	# of Beds: 248	Type of Ownership: PROPRIETARY	Survey Date: 05/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 181	Medicare Residents: 10	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	148	81.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	138	76.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	135	74.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	11.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	129	71.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	67	37.0	33.8	37.7
Completely bedfast residents.	4	2.2	3.2	3.4
Residents confined to chairs.	91	50.3	48.4	50.8
Residents requiring restraints.	94	51.9	35.7	41.3
Confused or disoriented residents.	106	58.6	53.7	58.4
Residents with bed sores.	5	2.8	8.0	7.1
Residents receiving special skin care.	58	32.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE APOSTOLIC CHRISTIAN HOME

Street Address:		City and State:	
1102 WEST RANDOLPH		ROANOKE IL 61561	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	75	NON-PROFIT RELIGIOUS	01/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
53	0	3	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	64.2	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	34	64.2	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	29	54.7	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	100	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	47.2	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	20.8	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	4	7.5	27.6	39.1
Residents requiring restraints.	17	32.1	23.4	31.7
Confused or disoriented residents.	23	43.4	49.8	55.8
Residents with bed sores.	1	1.9	4.0	4.7
Residents receiving special skin care.	0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LYDIA HEALTHCARE CENTER

Street Address:		City and State:	
13901 LYDIA AVENUE		ROBBINS IL 60472	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	225	PROPRIETARY	09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
202	0	187

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	31.7	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	189	93.6	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	28	13.9	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	39.6	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	13.9	44.4	59.1
Residents on individually written bowel and bladder retraining program.	14	6.9	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	80	39.6	19.4	29.3
Completely bedfast residents.	1	0.5	0.7	3.6
Residents confined to chairs.	20	9.9	27.6	39.1
Residents requiring restraints.	3	1.5	23.4	31.7
Confused or disoriented residents.	201	99.5	49.8	55.8
Residents with bed sores.	2	1.0	4.0	4.7
Residents receiving special skin care.	19	9.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COTILLION RIDGE

Street Address:		City and State:	
ROUTE 3		ROBINSON IL 62454	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	73	PROPRIETARY	10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
72	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	43.1	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	38	52.8	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	34	47.2	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	47.2	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	25.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	13	18.1	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	19.4	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	37	51.4	27.6	39.1
Residents requiring restraints.	22	30.6	23.4	31.7
Confused or disoriented residents.	32	44.4	49.8	55.8
Residents with bed sores.	27	37.5	4.0	4.7
Residents receiving special skin care.	42	58.3	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CRAWFORD COUNTY CONVALESCENT CTR

Street Address:		City and State:	
902 W MEFFORD		ROBINSON IL 62454	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	54	PROPRIETARY	02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	78.0	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	41	82.0	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	64.0	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	58.0	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	62.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	2	4.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	26.0	19.4	29.3
Completely bedfast residents.	1	2.0	0.7	3.6
Residents confined to chairs.	21	42.0	27.6	39.1
Residents requiring restraints.	13	26.0	23.4	31.7
Confused or disoriented residents.	23	46.0	49.8	55.8
Residents with bed sores.	1	2.0	4.0	4.7
Residents receiving special skin care.	26	52.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROCHELLE HEALTHCARE CENTER

Street Address:		City and State:	
900 N 3RD ST		ROCHELLE IL 61068	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	50	PROPRIETARY	06/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	68.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	25	53.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	30	63.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	51.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	59.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	11	23.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	17.0	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	16	34.0	48.4	50.8
Residents requiring restraints.	18	38.3	35.7	41.3
Confused or disoriented residents.	22	46.8	53.7	58.4
Residents with bed sores.	7	14.9	8.0	7.1
Residents receiving special skin care.	14	29.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROCHELLE MANOR

Street Address:		City and State:	
CARON ROAD		ROCHELLE IL 61068	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	74	PROPRIETARY	05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
67	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	64.2	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	47	70.1	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	40	59.7	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	77.6	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	79.1	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	22.4	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	40	59.7	27.6	39.1
Residents requiring restraints.	18	26.9	23.4	31.7
Confused or disoriented residents.	34	50.7	49.8	55.8
Residents with bed sores.	4	6.0	4.0	4.7
Residents receiving special skin care.	28	41.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLONIAL ACRES REST HOME

Street Address: 1000 DIXON AVENUE		City and State: ROCK FALLS IL 61071	
Participation: MEDICAID SNF/ICF	# of Beds: 55	Type of Ownership: PROPRIETARY	Survey Date: 12/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	Medicare Residents: 0	Medicaid Residents: 42	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	80.8	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	43	82.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	39	75.0	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	75.0	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	71.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	42.3	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	28	53.8	48.4	50.8
Residents requiring restraints.	16	30.8	35.7	41.3
Confused or disoriented residents.	12	23.1	53.7	58.4
Residents with bed sores.	3	5.8	8.0	7.1
Residents receiving special skin care.	10	19.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROCK FALLS MANOR

Street Address: 430 MARTIN RD		City and State: ROCK FALLS IL 61071	
Participation: MEDICAID ICF	# of Beds: 57	Type of Ownership: NON-PROFIT OTHER	Survey Date: 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
53	0	36			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		51	96.2	58.0	78.3
Dressing					
Residents requiring some or total assistance in dressing.		47	88.7	61.9	76.7
Toileting					
Residents requiring some or total assistance in toileting.		29	54.7	46.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		31	58.5	50.5	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		31	58.5	44.4	59.1
Residents on individually written bowel and bladder retraining program.		15	28.3	7.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		11	20.8	19.4	29.3
Completely bedfast residents.		0	0.0	0.7	3.6
Residents confined to chairs.		2	3.8	27.6	39.1
Residents requiring restraints.		13	24.5	23.4	31.7
Confused or disoriented residents.		24	45.3	49.8	55.8
Residents with bed sores.		1	1.9	4.0	4.7
Residents receiving special skin care.		10	18.9	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROCK ISLAND CONVALESCENT CENTER

Street Address: 2445 24TH ST		City and State: ROCK ISLAND IL 61201	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 177	Type of Ownership: PROPRIETARY	Survey Date: 07/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 175	Medicare Residents: 0	Medicaid Residents: 147	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	67.4	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	120	68.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	111	63.4	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	64.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	127	72.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	8	4.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	28.0	33.8	37.7
Completely bedfast residents.	7	4.0	3.2	3.4
Residents confined to chairs.	89	50.9	48.4	50.8
Residents requiring restraints.	69	39.4	35.7	41.3
Confused or disoriented residents.	89	50.9	53.7	58.4
Residents with bed sores.	16	9.1	8.0	7.1
Residents receiving special skin care.	102	58.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROCK ISLAND COUNTY HEALTHCARE CENTER

Street Address: 2122 25TH AVENUE		City and State: ROCK ISLAND IL 61201	
Participation: MEDICAID SNF/ICF	# of Beds: 83	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	Medicare Residents: 0	Medicaid Residents: 41
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	91.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	86.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	86.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	87.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	89.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	42.7	33.8	37.7
Completely bedfast residents.	1	1.2	3.2	3.4
Residents confined to chairs.	44	53.7	48.4	50.8
Residents requiring restraints.	38	46.3	35.7	41.3
Confused or disoriented residents.	56	68.3	53.7	58.4
Residents with bed sores.	4	4.9	8.0	7.1
Residents receiving special skin care.	12	14.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST ANTHONYS CONTINUING CARE CENTER

Street Address: 767 30TH STREET		City and State: ROCK ISLAND IL 61201	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 183	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 164	Medicare Residents: 0	Medicaid Residents: 76	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	62.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	106	64.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	115	70.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	67.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	62.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	7	4.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	36.0	33.8	37.7
Completely bedfast residents.	1	0.6	3.2	3.4
Residents confined to chairs.	89	54.3	48.4	50.8
Residents requiring restraints.	58	35.4	35.7	41.3
Confused or disoriented residents.	91	55.5	53.7	58.4
Residents with bed sores.	10	6.1	8.0	7.1
Residents receiving special skin care.	80	48.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALMA NELSON MANOR NURSING HOME

Street Address: 550 S MULFORD RD		City and State: ROCKFORD IL 61108	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 174	Type of Ownership: PROPRIETARY	Survey Date: 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 136	Medicare Residents: 8	Medicaid Residents: 21		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	111	81.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	129	94.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	69.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	75.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	92	67.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	27.9	33.8	37.7
Completely bedfast residents.	3	2.2	3.2	3.4
Residents confined to chairs.	63	46.3	48.4	50.8
Residents requiring restraints.	61	44.9	35.7	41.3
Confused or disoriented residents.	77	56.6	53.7	58.4
Residents with bed sores.	12	8.8	8.0	7.1
Residents receiving special skin care.	36	26.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALPINE FIRESIDE HLTH CTR

Street Address: 3650 N ALPINE RD		City and State: ROCKFORD IL 61111	
Participation: MEDICAID ICF	# of Beds: 127	Type of Ownership: NON-PROFIT OTHER	Survey Date: 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	Medicare Residents: 0	Medicaid Residents: 20
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	47.2	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	25	69.4	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	23	63.9	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	63.9	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	61.1	44.4	59.1
Residents on individually written bowel and bladder retraining program.	15	41.7	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	2	5.6	27.6	39.1
Residents requiring restraints.	2	5.6	23.4	31.7
Confused or disoriented residents.	13	36.1	49.8	55.8
Residents with bed sores.	2	5.6	4.0	4.7
Residents receiving special skin care.	13	36.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRIAR GLEN

Street Address:		City and State:	
321 ARNOLD AVE		ROCKFORD IL 61108	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	213	PROPRIETARY	06/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
204	0	176

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	50.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	114	55.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	39.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	52.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	29.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	16.2	33.8	37.7
Completely bedfast residents.	2	1.0	3.2	3.4
Residents confined to chairs.	67	32.8	48.4	50.8
Residents requiring restraints.	29	14.2	35.7	41.3
Confused or disoriented residents.	79	38.7	53.7	58.4
Residents with bed sores.	9	4.4	8.0	7.1
Residents receiving special skin care.	60	29.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BURGESS SQUARE HEALTH CARE

Street Address:		City and State:	
2313 N ROCKTON AVE		ROCKFORD IL 61103	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
126	0	82		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	64.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	114	90.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	69.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	64.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	58.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	31.7	33.8	37.7
Completely bedfast residents.	6	4.8	3.2	3.4
Residents confined to chairs.	46	36.5	48.4	50.8
Residents requiring restraints.	64	50.8	35.7	41.3
Confused or disoriented residents.	67	53.2	53.7	58.4
Residents with bed sores.	11	8.7	8.0	7.1
Residents receiving special skin care.	66	52.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIRHAVEN CHRISTIAN HME

Street Address: 3470 N ALPINE RD		City and State: ROCKFORD IL 61111	
Participation: MEDICAID ICF	# of Beds: 254	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	Medicare Residents: 0	Medicaid Residents: 11
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	100	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	79	86.8	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	64	70.3	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	71.4	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	67.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	31.9	19.4	29.3
Completely bedfast residents.	3	3.3	0.7	3.6
Residents confined to chairs.	46	50.5	27.6	39.1
Residents requiring restraints.	51	56.0	23.4	31.7
Confused or disoriented residents.	58	63.7	49.8	55.8
Residents with bed sores.	5	5.5	4.0	4.7
Residents receiving special skin care.	35	38.5	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTH ROCKFORD CONV HOME

Street Address:		City and State:	
1920 N MAIN STREET		ROCKFORD IL 61103	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	97	NON-PROFIT RELIGIOUS	08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	73.7	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	76	80.0	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	60	63.2	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	63.2	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	51.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	28	29.5	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	15.8	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	17	17.9	27.6	39.1
Residents requiring restraints.	34	35.8	23.4	31.7
Confused or disoriented residents.	44	46.3	49.8	55.8
Residents with bed sores.	5	5.3	4.0	4.7
Residents receiving special skin care.	52	54.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

P A PETERSON HOME FOR THE AGED

Street Address:		City and State:	
1311 PARKVIEW AVE		ROCKFORD IL 61107	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	178	NON-PROFIT RELIGIOUS	04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
89	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	79.8	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	85	95.5	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	68	76.4	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	100	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	82.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	30.3	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	57	64.0	27.6	39.1
Residents requiring restraints.	38	42.7	23.4	31.7
Confused or disoriented residents.	71	79.8	49.8	55.8
Residents with bed sores.	5	5.6	4.0	4.7
Residents receiving special skin care.	5	5.6	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK STRATHMOOR

Street Address:		City and State:	
5668 STRATHMOOR DR		ROCKFORD IL 61107	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	189	PROPRIETARY	04/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
153	3	101		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	47.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	120	78.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	111	72.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	83.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	111	72.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	68	44.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	26.1	33.8	37.7
Completely bedfast residents.	16	10.5	3.2	3.4
Residents confined to chairs.	113	73.9	48.4	50.8
Residents requiring restraints.	32	20.9	35.7	41.3
Confused or disoriented residents.	89	58.2	53.7	58.4
Residents with bed sores.	10	6.5	8.0	7.1
Residents receiving special skin care.	153	100	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVER BLUFF NURSING HOME

Street Address:		City and State:	
4401 N MAIN STREET		ROCKFORD IL 61103	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	304	LOCAL GOVERNMENT	02/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
284	0	282	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	222	78.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	253	89.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	216	76.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	214	75.4	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	249	87.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	9	3.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	99	34.9	33.8	37.7
Completely bedfast residents.	5	1.8	3.2	3.4
Residents confined to chairs.	234	82.4	48.4	50.8
Residents requiring restraints.	169	59.5	35.7	41.3
Confused or disoriented residents.	187	65.8	53.7	58.4
Residents with bed sores.	27	9.5	8.0	7.1
Residents receiving special skin care.	122	43.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERSIDE TERRACE

Street Address:		City and State:	
707 WEST RIVERSIDE BOULEVARD		ROCKFORD IL 61103	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	135	PROPRIETARY	06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
123	0	108	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	82.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	65.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	48.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	77.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	44.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	7	5.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	14.6	33.8	37.7
Completely bedfast residents.	1	0.8	3.2	3.4
Residents confined to chairs.	73	59.3	48.4	50.8
Residents requiring restraints.	31	25.2	35.7	41.3
Confused or disoriented residents.	54	43.9	53.7	58.4
Residents with bed sores.	1	0.8	8.0	7.1
Residents receiving special skin care.	31	25.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROCKFORD HEALTHCARE CENTER

Street Address: 310 ARNOLD AVE		City and State: ROCKFORD IL 61108	
Participation: MEDICAID ICF	# of Beds: 81	Type of Ownership: PROPRIETARY	Survey Date: 05/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66		Medicare Residents: 0		Medicaid Residents: 57	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#		%	%
Bathing					
Residents requiring some or total assistance in bathing.		32	48.5	58.0	78.3
Dressing					
Residents requiring some or total assistance in dressing.		44	66.7	61.9	76.7
Toileting					
Residents requiring some or total assistance in toileting.		41	62.1	46.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		37	56.1	50.5	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		33	50.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	7.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		13	19.7	19.4	29.3
Completely bedfast residents.		0	0.0	0.7	3.6
Residents confined to chairs.		35	53.0	27.6	39.1
Residents requiring restraints.		16	24.2	23.4	31.7
Confused or disoriented residents.		31	47.0	49.8	55.8
Residents with bed sores.		1	1.5	4.0	4.7
Residents receiving special skin care.		21	31.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROOSEVELT SQUARE

Street Address: 3520 SCHOOL ST		City and State: ROCKFORD IL 61103	
Participation: MEDICAID ICF	# of Beds: 63	Type of Ownership: PROPRIETARY	Survey Date: 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	Medicare Residents: 0	Medicaid Residents: 35	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	60.7	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	37	60.7	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	33	54.1	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	47.5	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	54.1	44.4	59.1
Residents on individually written bowel and bladder retraining program.	10	16.4	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	32	52.5	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	22	36.1	27.6	39.1
Residents requiring restraints.	12	19.7	23.4	31.7
Confused or disoriented residents.	34	55.7	49.8	55.8
Residents with bed sores.	5	8.2	4.0	4.7
Residents receiving special skin care.	26	42.6	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to gain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SINGER ZONE CENTER

Street Address:		City and State:	
4402 N MAIN STREET P O BOX 62		ROCKFORD IL 61105	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	28	STATE GOVERNMENT	04/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
27	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	100	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	27	100	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	27	100	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	100	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	100	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	22.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	63.0	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	27	100	48.4	50.8
Residents requiring restraints.	24	88.9	35.7	41.3
Confused or disoriented residents.	27	100	53.7	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	27	100	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST ANNE CENTER

Street Address:		City and State:	
4405 HIGHCREST ROAD		ROCKFORD IL 61107	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	0	4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	92.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	82.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	69.4	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	76.5	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	50.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	15.3	33.8	37.7
Completely bedfast residents.	1	1.0	3.2	3.4
Residents confined to chairs.	46	46.9	48.4	50.8
Residents requiring restraints.	22	22.4	35.7	41.3
Confused or disoriented residents.	44	44.9	53.7	58.4
Residents with bed sores.	8	8.2	8.0	7.1
Residents receiving special skin care.	41	41.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WILLOWS HEALTH CENTER

Street Address:		City and State:	
4141 N ROCKTON AVENUE		ROCKFORD IL 61103	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	289	NON-PROFIT RELIGIOUS	09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
76	0	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	93.4	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	82.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	51	67.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	90.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	60.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	18	23.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	23.7	33.8	37.7
Completely bedfast residents.	2	2.6	3.2	3.4
Residents confined to chairs.	22	28.9	48.4	50.8
Residents requiring restraints.	23	30.3	35.7	41.3
Confused or disoriented residents.	54	71.1	53.7	58.4
Residents with bed sores.	7	9.2	8.0	7.1
Residents receiving special skin care.	27	35.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMERICANA HEALTHCARE CENTER

Street Address: 4225 KIRCHOFF ROAD		City and State: ROLLING MEADOWS IL 60008	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 155	Type of Ownership: PROPRIETARY	Survey Date: 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 128	Medicare Residents: 0	Medicaid Residents: 20
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	47.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	128	100	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	114	89.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	86.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	105	82.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	3.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	67	52.3	33.8	37.7
Completely bedfast residents.	5	3.9	3.2	3.4
Residents confined to chairs.	98	76.6	48.4	50.8
Residents requiring restraints.	83	64.8	35.7	41.3
Confused or disoriented residents.	82	64.1	53.7	58.4
Residents with bed sores.	20	15.6	8.0	7.1
Residents receiving special skin care.	121	94.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ABBINGTON HOUSE

Street Address:		City and State:	
31 W CENTRAL AVE		ROSELLE IL 60172	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	82	PROPRIETARY	10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
79	0	53	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	13.9	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	30	38.0	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	11	13.9	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	29.1	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	13.9	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	6.3	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	8	10.1	27.6	39.1
Residents requiring restraints.	4	5.1	23.4	31.7
Confused or disoriented residents.	24	30.4	49.8	55.8
Residents with bed sores.	3	3.8	4.0	4.7
Residents receiving special skin care.	3	3.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

LAMOINE CRISTIAN NURSING HOME

Street Address:		City and State:	
145 S CHAMBERLAIN, BOX 347		ROSEVILLE IL 61473	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	99	NON-PROFIT RELIGIOUS	03/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
98	0	33			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		98	100	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		72	73.5	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		59	60.2	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		54	55.1	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		42	42.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		56	57.1	33.8	37.7
Completely bedfast residents.		2	2.0	3.2	3.4
Residents confined to chairs.		21	21.4	48.4	50.8
Residents requiring restraints.		31	31.6	35.7	41.3
Confused or disoriented residents.		63	64.3	53.7	58.4
Residents with bed sores.		7	7.1	8.0	7.1
Residents receiving special skin care.		10	10.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIRVIEW HOUSE NURSING HOME

Street Address:		City and State:	
FAIRVIEW ROAD, BOX 137		ROSICLARE IL 62982	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	49	PROPRIETARY	12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
48	0	35	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	89.6	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	43	89.6	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	43	89.6	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	70.8	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	100	44.4	59.1
Residents on individually written bowel and bladder retraining program.	8	16.7	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	27.1	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	24	50.0	27.6	39.1
Residents requiring restraints.	13	27.1	23.4	31.7
Confused or disoriented residents.	29	60.4	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	20	41.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLCREST RET VIL

Street Address:		City and State:	
1740 N CIRCUIT DR		ROUND LAKE BEACH IL 60073	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	93	PROPRIETARY	09/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
86	0	59			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		18	20.9	58.0	78.3
Dressing					
Residents requiring some or total assistance in dressing.		52	60.5	61.9	76.7
Toileting					
Residents requiring some or total assistance in toileting.		15	17.4	46.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		9	10.5	50.5	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		13	15.1	44.4	59.1
Residents on individually written bowel and bladder retraining program.		13	15.1	7.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		7	8.1	19.4	29.3
Completely bedfast residents.		0	0.0	0.7	3.6
Residents confined to chairs.		0	0.0	27.6	39.1
Residents requiring restraints.		4	4.7	23.4	31.7
Confused or disoriented residents.		40	46.5	49.8	55.8
Residents with bed sores.		1	1.2	4.0	4.7
Residents receiving special skin care.		16	18.6	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SNYDERS VAUGHN-HAVEN

Street Address:		City and State:	
135 SOUTH MORGAN		RUSHVILLE IL 62681	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	99	PROPRIETARY	03/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
72	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	73.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	79.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	58.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	51.4	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	65.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	29.2	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	39	54.2	48.4	50.8
Residents requiring restraints.	32	44.4	35.7	41.3
Confused or disoriented residents.	25	34.7	53.7	58.4
Residents with bed sores.	4	5.6	8.0	7.1
Residents receiving special skin care.	72	100	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PINE VIEW CARE CENTER

Street Address:		City and State:	
611 ALLEN AVENUE		SAINT CHARLES IL 60174	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	120	NON-PROFIT RELIGIOUS	09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	70.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	85.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	62.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	54.5	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	71.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	13.1	33.8	37.7
Completely bedfast residents.	2	2.0	3.2	3.4
Residents confined to chairs.	43	43.4	48.4	50.8
Residents requiring restraints.	22	22.2	35.7	41.3
Confused or disoriented residents.	71	71.7	53.7	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	7	7.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE HOME CARE CENTER

Street Address:		City and State:	
ROUTE 40 EAST BOX 126		SAINT ELMO IL 62458	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	49	PROPRIETARY	04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
49	0	29	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	81.6	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	42	85.7	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	39	79.6	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	79.6	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	63.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	38.8	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	23	46.9	27.6	39.1
Residents requiring restraints.	23	46.9	23.4	31.7
Confused or disoriented residents.	34	69.4	49.8	55.8
Residents with bed sores.	8	16.3	4.0	4.7
Residents receiving special skin care.	28	57.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DOCTORS NURSING HOME

Street Address:		City and State:	
1201 HAWTHORNE RD		SALEM IL 62881	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	122	PROPRIETARY	02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
114	0	67			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		76	66.7	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		85	74.6	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		80	70.2	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		83	72.8	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		85	74.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		50	43.9	33.8	37.7
Completely bedfast residents.		1	0.9	3.2	3.4
Residents confined to chairs.		58	50.9	48.4	50.8
Residents requiring restraints.		61	53.5	35.7	41.3
Confused or disoriented residents.		55	48.2	53.7	58.4
Residents with bed sores.		13	11.4	8.0	7.1
Residents receiving special skin care.		34	29.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TWIN WILLOWS NURSING CENTER

Street Address:		City and State:	
ROUTE 37 NORTH		SALEM IL 62881	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	76	PROPRIETARY	02/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
75	0	64	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	61.3	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	53	70.7	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	51	68.0	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	61.3	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	57.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	22.7	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	27	36.0	27.6	39.1
Residents requiring restraints.	23	30.7	23.4	31.7
Confused or disoriented residents.	22	29.3	49.8	55.8
Residents with bed sores.	2	2.7	4.0	4.7
Residents receiving special skin care.	52	69.3	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROOSEVELT SQUARE

Street Address:		City and State:	
902 EAST ARNOLD		SANDWICH IL 60548	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	63	PROPRIETARY	12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
59	0	26			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		41	69.5	58.0	78.3
Dressing					
Residents requiring some or total assistance in dressing.		42	71.2	61.9	76.7
Toileting					
Residents requiring some or total assistance in toileting.		34	57.6	46.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		35	59.3	50.5	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		29	49.2	44.4	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	7.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		11	18.6	19.4	29.3
Completely bedfast residents.		0	0.0	0.7	3.6
Residents confined to chairs.		26	44.1	27.6	39.1
Residents requiring restraints.		3	5.1	23.4	31.7
Confused or disoriented residents.		26	44.1	49.8	55.8
Residents with bed sores.		4	6.8	4.0	4.7
Residents receiving special skin care.		0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SANDHAVEN CONVALESCENT CENTER

Street Address:		City and State:	
515 NORTH MAIN ST		SANDWICH IL 60548	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	116	PROPRIETARY	03/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
106	0	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	90.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	79.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	60.4	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	61.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	34.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	22.6	33.8	37.7
Completely bedfast residents.	1	0.9	3.2	3.4
Residents confined to chairs.	59	55.7	48.4	50.8
Residents requiring restraints.	15	14.2	35.7	41.3
Confused or disoriented residents.	34	32.1	53.7	58.4
Residents with bed sores.	9	8.5	8.0	7.1
Residents receiving special skin care.	8	7.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BIG MEADOWS INC

Street Address:		City and State:	
1000 LONGMOOR AVE		SAVANNA IL 61074	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	122	PROPRIETARY	03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
112	0	75			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		103	92.0	58.0	78.3
Dressing					
Residents requiring some or total assistance in dressing.		68	60.7	61.9	76.7
Toileting					
Residents requiring some or total assistance in toileting.		60	53.6	46.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		62	55.4	50.5	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		62	55.4	44.4	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	7.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		21	18.8	19.4	29.3
Completely bedfast residents.		0	0.0	0.7	3.6
Residents confined to chairs.		63	56.3	27.6	39.1
Residents requiring restraints.		48	42.9	23.4	31.7
Confused or disoriented residents.		51	45.5	49.8	55.8
Residents with bed sores.		10	8.9	4.0	4.7
Residents receiving special skin care.		50	44.6	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARLE ARBOURS

Street Address:		City and State:	
302 W BURWASH		SAVOY IL 61874	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	240	NON-PROFIT OTHER	10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
157	3	74	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	59.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	128	81.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	126	80.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	77.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	69.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	30	19.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	36.9	33.8	37.7
Completely bedfast residents.	8	5.1	3.2	3.4
Residents confined to chairs.	65	41.4	48.4	50.8
Residents requiring restraints.	42	26.8	35.7	41.3
Confused or disoriented residents.	114	72.6	53.7	58.4
Residents with bed sores.	10	6.4	8.0	7.1
Residents receiving special skin care.	16	10.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRIENDSHIP VILLAGE

Street Address: 350 W SCHAUMBURG RD		City and State: SCHAUMBURG IL 60194	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 188	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 169	Medicare Residents: 0	Medicaid Residents: 4	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	164	97.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	139	82.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	119	70.4	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	59.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	64.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	30.8	33.8	37.7
Completely bedfast residents.	2	1.2	3.2	3.4
Residents confined to chairs.	80	47.3	48.4	50.8
Residents requiring restraints.	76	45.0	35.7	41.3
Confused or disoriented residents.	106	62.7	53.7	58.4
Residents with bed sores.	14	8.3	8.0	7.1
Residents receiving special skin care.	75	44.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REDWOOD MANOR

Street Address:		City and State:	
802 W FRANKLIN BOX 587		SESSER IL 62884	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	58	PROPRIETARY	08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
56	0	42	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	39.3	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	54	96.4	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	28	50.0	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	82.1	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	53.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	16.1	19.4	29.3
Completely bedfast residents.	1	1.8	0.7	3.6
Residents confined to chairs.	20	35.7	27.6	39.1
Residents requiring restraints.	18	32.1	23.4	31.7
Confused or disoriented residents.	31	55.4	49.8	55.8
Residents with bed sores.	5	8.9	4.0	4.7
Residents receiving special skin care.	18	32.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHABBONA NURSING HOME

Street Address:		City and State:	
W COMANCHE RD, RT 30		SHABBONA IL 60550	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	91	PROPRIETARY	02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
81		0		48	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		52	64.2	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		61	75.3	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		45	55.6	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		48	59.3	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		50	61.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		22	27.2	33.8	37.7
Completely bedfast residents.		0	0.0	3.2	3.4
Residents confined to chairs.		12	14.8	48.4	50.8
Residents requiring restraints.		36	44.4	35.7	41.3
Confused or disoriented residents.		47	58.0	53.7	58.4
Residents with bed sores.		3	3.7	8.0	7.1
Residents receiving special skin care.		40	49.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VILLAS OF SHANNON

Street Address:		City and State:	
418 S RIDGE ST		SHANNON IL 61078	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	73	PROPRIETARY	01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
67	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	79.1	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	55	82.1	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	47	70.1	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	61.2	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	70.1	44.4	59.1
Residents on individually written bowel and bladder retraining program.	2	3.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	22.4	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	20	29.9	27.6	39.1
Residents requiring restraints.	23	34.3	23.4	31.7
Confused or disoriented residents.	37	55.2	49.8	55.8
Residents with bed sores.	1	1.5	4.0	4.7
Residents receiving special skin care.	16	23.9	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LORETTA NSG HM

Street Address:		City and State:	
LOGAN AND LINCOLN STS P O BOX 429		SHAWNEETOWN IL 62984	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	107	PROPRIETARY	08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
99	0	77	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	16.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	81.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	70.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	73.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	67.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	43.4	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	54	54.5	48.4	50.8
Residents requiring restraints.	41	41.4	35.7	41.3
Confused or disoriented residents.	66	66.7	53.7	58.4
Residents with bed sores.	3	3.0	8.0	7.1
Residents receiving special skin care.	37	37.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHELBY MANOR

Street Address:		City and State:	
DACEY AND SOUTHWEST 3RD STREET		SHELBYVILLE IL 62565	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	80	PROPRIETARY	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
65	0	51	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	80.0	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	38	58.5	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	23	35.4	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	38.5	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	32.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	9.2	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	21	32.3	27.6	39.1
Residents requiring restraints.	9	13.8	23.4	31.7
Confused or disoriented residents.	26	40.0	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	8	12.3	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHELBY MEMORIAL HOME

Street Address:		City and State:	
RT 128 NORTH		SHELBYVILLE IL 62565	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	99	NON-PROFIT OTHER	07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
91	1	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	60.4	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	91.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	79.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	80.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	62.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	42.9	33.8	37.7
Completely bedfast residents.	12	13.2	3.2	3.4
Residents confined to chairs.	51	56.0	48.4	50.8
Residents requiring restraints.	48	52.7	35.7	41.3
Confused or disoriented residents.	59	64.8	53.7	58.4
Residents with bed sores.	4	4.4	8.0	7.1
Residents receiving special skin care.	1	1.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHELBY MEMORIAL HOSPITAL NURSING HOME

Street Address:		City and State:	
SOUTH FIRST AND CEDAR		SHELBYVILLE IL 62565	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	19	NON-PROFIT OTHER	04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
19	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	57.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	13	68.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	11	57.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	100	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	57.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	5.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	36.8	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	9	47.4	48.4	50.8
Residents requiring restraints.	3	15.8	35.7	41.3
Confused or disoriented residents.	8	42.1	53.7	58.4
Residents with bed sores.	2	10.5	8.0	7.1
Residents receiving special skin care.	4	21.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHELDON HEALTHCARE INC

Street Address: 170 WEST CONCORD		City and State: SHELDON IL 60966	
Participation: MEDICAID ICF	# of Beds: 31	Type of Ownership: PROPRIETARY	Survey Date: 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 31	Medicare Residents: 0	Medicaid Residents: 9
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	100	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	23	74.2	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	18	58.1	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	54.8	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	67.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	5	16.1	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	25.8	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	13	41.9	27.6	39.1
Residents requiring restraints.	12	38.7	23.4	31.7
Confused or disoriented residents.	16	51.6	49.8	55.8
Residents with bed sores.	2	6.5	4.0	4.7
Residents receiving special skin care.	6	19.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROOSEVELT SQUARE

Street Address:		City and State:	
1403 9TH AVE		SILVIS IL 61282	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	63	PROPRIETARY	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
58	0	20			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		55	94.8	58.0	78.3
Dressing					
Residents requiring some or total assistance in dressing.		32	55.2	61.9	76.7
Toileting					
Residents requiring some or total assistance in toileting.		31	53.4	46.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		33	56.9	50.5	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		31	53.4	44.4	59.1
Residents on individually written bowel and bladder retraining program.		1	1.7	7.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		8	13.8	19.4	29.3
Completely bedfast residents.		1	1.7	0.7	3.6
Residents confined to chairs.		13	22.4	27.6	39.1
Residents requiring restraints.		19	32.8	23.4	31.7
Confused or disoriented residents.		48	82.8	49.8	55.8
Residents with bed sores.		2	3.4	4.0	4.7
Residents receiving special skin care.		1	1.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LIEBERMAN GERIATRIC HEALTH CENTER

Street Address:		City and State:	
9700 GROSS POINT		SKOKIE IL 60076	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	240	NON-PROFIT RELIGIOUS	06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
231	0	139

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	182	78.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	182	78.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	117	50.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	228	98.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	130	56.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	2.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	76	32.9	33.8	37.7
Completely bedfast residents.	3	1.3	3.2	3.4
Residents confined to chairs.	48	20.8	48.4	50.8
Residents requiring restraints.	96	41.6	35.7	41.3
Confused or disoriented residents.	122	52.8	53.7	58.4
Residents with bed sores.	22	9.5	8.0	7.1
Residents receiving special skin care.	56	24.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SKOKIE MEADOWS NURSING CENTER I

Street Address:		City and State:	
9615 NORTH KNOX AVENUE		SKOKIE IL 60076	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	113	NON-PROFIT OTHER	11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
105	0	86		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	69.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	81.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	70.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	70.5	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	63.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	5.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	36.2	33.8	37.7
Completely bedfast residents.	13	12.4	3.2	3.4
Residents confined to chairs.	60	57.1	48.4	50.8
Residents requiring restraints.	40	38.1	35.7	41.3
Confused or disoriented residents.	46	43.8	53.7	58.4
Residents with bed sores.	12	11.4	8.0	7.1
Residents receiving special skin care.	14	13.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SKOKIE MEADOWS 2

Street Address: 4600 GOLF ROAD		City and State: SKOKIE IL 60076	
Participation: MEDICAID ICF	# of Beds: 111	Type of Ownership: PROPRIETARY	Survey Date: 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	Medicare Residents: 0	Medicaid Residents: 46
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	5	4.8	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	30	28.6	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	3	2.9	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	2.9	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	7.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	3	2.9	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	11	10.5	27.6	39.1
Residents requiring restraints.	3	2.9	23.4	31.7
Confused or disoriented residents.	30	28.6	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	2	1.9	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VILLAGE NURSING HOME INC

Street Address:		City and State:	
9000 NORTH LAVERGNE AVENUE		SKOKIE IL 60076	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	149	PROPRIETARY	05/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
134	0	85			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	88	65.7	71.5	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	96	71.6	77.5	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	86	64.2	68.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	59.7	70.3	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	77	57.5	64.6	68.2	
Residents on individually written bowel and bladder retraining program.	8	6.0	6.1	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	33	24.6	33.8	37.7	
Completely bedfast residents.	6	4.5	3.2	3.4	
Residents confined to chairs.	76	56.7	48.4	50.8	
Residents requiring restraints.	57	42.5	35.7	41.3	
Confused or disoriented residents.	60	44.8	53.7	58.4	
Residents with bed sores.	15	11.2	8.0	7.1	
Residents receiving special skin care.	63	47.0	33.1	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK HAVEN CARE CENTER

Street Address: 107 SO LINCOLN		City and State: SMITHTON IL 62285	
Participation: MEDICAID ICF	# of Beds: 101	Type of Ownership: PROPRIETARY	Survey Date: 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	Medicare Residents: 0	Medicaid Residents: 73	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	32.3	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	35	36.5	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	34	35.4	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	38.5	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	33.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	16.7	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	6	6.3	27.6	39.1
Residents requiring restraints.	26	27.1	23.4	31.7
Confused or disoriented residents.	37	38.5	49.8	55.8
Residents with bed sores.	3	3.1	4.0	4.7
Residents receiving special skin care.	10	10.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOODSIDE MANOR

Street Address:		City and State:	
120 WEST 26TH		SOUTH CHICAGO HEIGHTS IL 60411	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	112	PROPRIETARY	08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
107	0	85		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	69.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	71.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	61.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	61.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	56.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	5.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	22.4	33.8	37.7
Completely bedfast residents.	2	1.9	3.2	3.4
Residents confined to chairs.	68	63.6	48.4	50.8
Residents requiring restraints.	60	56.1	35.7	41.3
Confused or disoriented residents.	50	46.7	53.7	58.4
Residents with bed sores.	7	6.5	8.0	7.1
Residents receiving special skin care.	35	32.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOX VALLEY NURSING CENTER

Street Address: 759 KANE STREET		City and State: SOUTH ELGIN IL 60177	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 206	Type of Ownership: PROPRIETARY	Survey Date: 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 186		Medicare Residents: 13		Medicaid Residents: 127			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				112	60.2	71.5	81.5
Dressing							
Residents requiring some or total assistance in dressing.				133	71.5	77.5	83.2
Toileting							
Residents requiring some or total assistance in toileting.				126	67.7	68.4	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				122	65.6	70.3	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				94	50.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.				0	0.0	6.1	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				45	24.2	33.8	37.7
Completely bedfast residents.				12	6.5	3.2	3.4
Residents confined to chairs.				87	46.8	48.4	50.8
Residents requiring restraints.				18	9.7	35.7	41.3
Confused or disoriented residents.				78	41.9	53.7	58.4
Residents with bed sores.				22	11.8	8.0	7.1
Residents receiving special skin care.				22	11.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTH ELGIN MANOR

Street Address:		City and State:	
746 W SPRING ST		SOUTH ELGIN IL 60177	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	96	PROPRIETARY	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
87	0	55			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		36	41.4	58.0	78.3
Dressing					
Residents requiring some or total assistance in dressing.		45	51.7	61.9	76.7
Toileting					
Residents requiring some or total assistance in toileting.		39	44.8	46.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		39	44.8	50.5	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		39	44.8	44.4	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	7.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		14	16.1	19.4	29.3
Completely bedfast residents.		0	0.0	0.7	3.6
Residents confined to chairs.		12	13.8	27.6	39.1
Residents requiring restraints.		30	34.5	23.4	31.7
Confused or disoriented residents.		22	25.3	49.8	55.8
Residents with bed sores.		8	9.2	4.0	4.7
Residents receiving special skin care.		9	10.3	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WINDMILL NURSING PAVILION

Street Address:		City and State:	
16000 S WABASH AVE		SOUTH HOLLAND IL 60473	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	150	PROPRIETARY	11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
136	0	102	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	66.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	71.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	52.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	36.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	98	72.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	20.6	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	20	14.7	48.4	50.8
Residents requiring restraints.	43	31.6	35.7	41.3
Confused or disoriented residents.	59	43.4	53.7	58.4
Residents with bed sores.	3	2.2	8.0	7.1
Residents receiving special skin care.	37	27.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RANDOLPH COUNTY NURSING HOME

Street Address:		City and State:	
310 W BELMONT STREET		SPARTA IL 62286	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	136	LOCAL GOVERNMENT	03/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
133	0	79		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	124	93.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	72.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	66.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	63.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	65.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	40.6	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	83	62.4	48.4	50.8
Residents requiring restraints.	54	40.6	35.7	41.3
Confused or disoriented residents.	70	52.6	53.7	58.4
Residents with bed sores.	8	6.0	8.0	7.1
Residents receiving special skin care.	8	6.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SENIOR MANOR

Street Address: 223 E 4TH ST		City and State: SPARTA IL 62286	
Participation: MEDICAID ICF	# of Beds: 59	Type of Ownership: PROPRIETARY	Survey Date: 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59		Medicare Residents: 0		Medicaid Residents: 20	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		28	47.5	58.0	78.3
Dressing					
Residents requiring some or total assistance in dressing.		42	71.2	61.9	76.7
Toileting					
Residents requiring some or total assistance in toileting.		38	64.4	46.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		34	57.6	50.5	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		35	59.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	7.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		22	37.3	19.4	29.3
Completely bedfast residents.		1	1.7	0.7	3.6
Residents confined to chairs.		22	37.3	27.6	39.1
Residents requiring restraints.		27	45.8	23.4	31.7
Confused or disoriented residents.		31	52.5	49.8	55.8
Residents with bed sores.		0	0.0	4.0	4.7
Residents receiving special skin care.		23	39.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SPRING VALLEY NURSING CENTER

Street Address:		City and State:	
1300 NORTH GLENWOOD		SPRING VALLEY IL 61362	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	98	PROPRIETARY	01/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
91	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	80.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	85.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	75.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	76.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	68.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	48.4	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	48	52.7	48.4	50.8
Residents requiring restraints.	47	51.6	35.7	41.3
Confused or disoriented residents.	64	70.3	53.7	58.4
Residents with bed sores.	10	11.0	8.0	7.1
Residents receiving special skin care.	17	18.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ST. MARGARET'S HOSPITAL SKILLED NUR.

Street Address:		City and State:	
600 EAST FIRST STREET		SPRING VALLEY IL 61362	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	25	NON-PROFIT RELIGIOUS	05/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
21	15	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	81.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	18	85.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	18	85.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	85.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	66.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	9.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	38.1	33.8	37.7
Completely bedfast residents.	3	14.3	3.2	3.4
Residents confined to chairs.	7	33.3	48.4	50.8
Residents requiring restraints.	1	4.8	35.7	41.3
Confused or disoriented residents.	7	33.3	53.7	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	5	23.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DIRSKEN HOUSE HEALTHCARE

Street Address:		City and State:	
555 W CARPENTER		SPRINGFIELD IL 62702	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	259	PROPRIETARY	11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
238		1		160	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		229	96.2	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		151	63.4	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		127	53.4	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		193	81.1	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		138	58.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.		1	0.4	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		40	16.8	33.8	37.7
Completely bedfast residents.		3	1.3	3.2	3.4
Residents confined to chairs.		63	26.5	48.4	50.8
Residents requiring restraints.		61	25.6	35.7	41.3
Confused or disoriented residents.		122	51.3	53.7	58.4
Residents with bed sores.		17	7.1	8.0	7.1
Residents receiving special skin care.		68	28.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAVEN RETIREMENT CENTER

Street Address: 2301 W MONROE		City and State: SPRINGFIELD IL 62704	
Participation: MEDICAID SNF/ICF	# of Beds: 194	Type of Ownership: NON-PROFIT OTHER	Survey Date: 01/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 155	Medicare Residents: 0	Medicaid Residents: 115	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	58.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	65.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	90	58.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	58.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	45.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	16.1	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	40	25.8	48.4	50.8
Residents requiring restraints.	40	25.8	35.7	41.3
Confused or disoriented residents.	70	45.2	53.7	58.4
Residents with bed sores.	3	1.9	8.0	7.1
Residents receiving special skin care.	70	45.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE MANOR NURSING AND CONV HOME

Street Address:		City and State:	
900 N RUTLEDGE		SPRINGFIELD IL 62702	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	156	PROPRIETARY	04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
137		1		76	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		100	73.0	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		101	73.7	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		88	64.2	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		82	59.9	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		84	61.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.		13	9.5	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		19	13.9	33.8	37.7
Completely bedfast residents.		3	2.2	3.2	3.4
Residents confined to chairs.		58	42.3	48.4	50.8
Residents requiring restraints.		47	34.3	35.7	41.3
Confused or disoriented residents.		123	89.8	53.7	58.4
Residents with bed sores.		11	8.0	8.0	7.1
Residents receiving special skin care.		46	33.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ILLINOIS PRESBYTERIAN HOME

Street Address:		City and State:	
2005 W LAWRENCE ST		SPRINGFIELD IL 62704	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	83	NON-PROFIT RELIGIOUS	12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
5	0	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	5	100	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	5	100	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	0	0.0	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	0	0.0	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEWIS MEMORIAL CHRISTIAN VILLAGE

Street Address: 3400 W WASHINGTON ST		City and State: SPRINGFIELD IL 62702	
Participation: MEDICAID SNF/ICF	# of Beds: 155	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 06/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 148	Medicare Residents: 0	Medicaid Residents: 39
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	126	85.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	122	82.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	101	68.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	83.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	54.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	2.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	28.4	33.8	37.7
Completely bedfast residents.	2	1.4	3.2	3.4
Residents confined to chairs.	98	66.2	48.4	50.8
Residents requiring restraints.	78	52.7	35.7	41.3
Confused or disoriented residents.	122	82.4	53.7	58.4
Residents with bed sores.	10	6.8	8.0	7.1
Residents receiving special skin care.	38	25.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROOSEVELT SQUARE

Street Address:		City and State:	
2120 W WASHINGTON		SPRINGFIELD IL 62704	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	77	PROPRIETARY	12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
73	0	70	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	6	8.2	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	14	19.2	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	5	6.8	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	8.2	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	8.2	44.4	59.1
Residents on individually written bowel and bladder retraining program.	2	2.7	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	1.4	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	2	2.7	27.6	39.1
Residents requiring restraints.	1	1.4	23.4	31.7
Confused or disoriented residents.	11	15.1	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	9	12.3	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SPRINGFIELD MANOR

Street Address:		City and State:	
2800 W LAWRENCE AVE		SPRINGFIELD IL 62704	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	170	PROPRIETARY	10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
146	0	91	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	138	94.5	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	124	84.9	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	77	52.7	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	58.9	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	54.1	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	13.7	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	69	47.3	27.6	39.1
Residents requiring restraints.	60	41.1	23.4	31.7
Confused or disoriented residents.	110	75.3	49.8	55.8
Residents with bed sores.	12	8.2	4.0	4.7
Residents receiving special skin care.	40	27.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOHNS HOSPITAL NORTH

Street Address:		City and State:	
801 E CARPENTER		SPRINGFIELD IL 62769	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	56	NON-PROFIT RELIGIOUS	02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
36	29	3	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	58.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	35	97.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	94.4	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	94.4	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	47.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	19.4	33.8	37.7
Completely bedfast residents.	3	8.3	3.2	3.4
Residents confined to chairs.	9	25.0	48.4	50.8
Residents requiring restraints.	2	5.6	35.7	41.3
Confused or disoriented residents.	6	16.7	53.7	58.4
Residents with bed sores.	4	11.1	8.0	7.1
Residents receiving special skin care.	8	22.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BARRY CARE CENTER OF STAUNTON

Street Address:		City and State:	
215 W PENNSYLVANIA		STAUNTON IL 62088	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	99	PROPRIETARY	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
92	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	68.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	84.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	76.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	76.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	60.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	44.6	33.8	37.7
Completely bedfast residents.	1	1.1	3.2	3.4
Residents confined to chairs.	67	72.8	48.4	50.8
Residents requiring restraints.	27	29.3	35.7	41.3
Confused or disoriented residents.	49	53.3	53.7	58.4
Residents with bed sores.	13	14.1	8.0	7.1
Residents receiving special skin care.	40	43.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EDGEWILD HEALTH CENTER

Street Address:		City and State:	
3601 16TH AVENUE		STERLING IL 61081	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	70	PROPRIETARY	12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
61	0	53	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	49.2	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	26	42.6	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	24	39.3	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	36.1	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	47.5	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	16.4	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	9	14.8	27.6	39.1
Residents requiring restraints.	17	27.9	23.4	31.7
Confused or disoriented residents.	14	23.0	49.8	55.8
Residents with bed sores.	2	3.3	4.0	4.7
Residents receiving special skin care.	3	4.9	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EXCEPTIONAL CARE

Street Address:		City and State:	
2601 WOODLAWN RD		STERLING IL 61081	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	64	PROPRIETARY	08/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
63	0	63			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		63	100	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		63	100	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		63	100	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		63	100	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		63	100	64.6	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		56	88.9	33.8	37.7
Completely bedfast residents.		0	0.0	3.2	3.4
Residents confined to chairs.		58	92.1	48.4	50.8
Residents requiring restraints.		63	100	35.7	41.3
Confused or disoriented residents.		63	100	53.7	58.4
Residents with bed sores.		1	1.6	8.0	7.1
Residents receiving special skin care.		5	7.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STERLING CARE CENTER

Street Address:		City and State:	
105 E 23RD STREET		STERLING IL 61081	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	118	PROPRIETARY	04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
108	0	54	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	77.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	75.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	60.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	66.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	38.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	25.0	33.8	37.7
Completely bedfast residents.	2	1.9	3.2	3.4
Residents confined to chairs.	35	32.4	48.4	50.8
Residents requiring restraints.	23	21.3	35.7	41.3
Confused or disoriented residents.	40	37.0	53.7	58.4
Residents with bed sores.	13	12.0	8.0	7.1
Residents receiving special skin care.	79	73.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MORGAN MEMORIAL HOME

Street Address:		City and State:	
501 E FRONT AVE		STOCKTON IL 61085	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	37	PROPRIETARY	05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:		Medicaid Residents:	
34	0		13	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	100	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	33	97.1	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	94.1	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	70.6	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	64.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	20.6	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	2	5.9	27.6	39.1
Residents requiring restraints.	13	38.2	23.4	31.7
Confused or disoriented residents.	22	64.7	49.8	55.8
Residents with bed sores.	2	5.9	4.0	4.7
Residents receiving special skin care.	27	79.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CAMELOT MANOR

Street Address:		City and State:	
516 WEST FRECH STREET		STREATOR IL 61364	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	100	PROPRIETARY	03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
97		0		80	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		45	46.4	58.0	78.3
Dressing					
Residents requiring some or total assistance in dressing.		62	63.9	61.9	76.7
Toileting					
Residents requiring some or total assistance in toileting.		57	58.8	46.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		62	63.9	50.5	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		53	54.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.		42	43.3	7.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		6	6.2	19.4	29.3
Completely bedfast residents.		0	0.0	0.7	3.6
Residents confined to chairs.		55	56.7	27.6	39.1
Residents requiring restraints.		10	10.3	23.4	31.7
Confused or disoriented residents.		35	36.1	49.8	55.8
Residents with bed sores.		5	5.2	4.0	4.7
Residents receiving special skin care.		9	9.3	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE MANOR NURSING HOME

Street Address:		City and State:	
1525 E MAIN ST		STREATOR IL 61364	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	110	PROPRIETARY	03/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
103	1	47	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	89.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	93.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	81.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	100	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	38.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	32.0	33.8	37.7
Completely bedfast residents.	2	1.9	3.2	3.4
Residents confined to chairs.	52	50.5	48.4	50.8
Residents requiring restraints.	33	32.0	35.7	41.3
Confused or disoriented residents.	39	37.9	53.7	58.4
Residents with bed sores.	10	9.7	8.0	7.1
Residents receiving special skin care.	14	13.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition. •	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SULLIVAN HEALTHCARE CENTER

Street Address:		City and State:	
11 HAWTHORNE LANE		SULLIVAN IL 61951	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	123	NON-PROFIT PRIVATE	08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
102	0	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	75.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	84.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	79.4	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	66.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	66.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	30.4	33.8	37.7
Completely bedfast residents.	2	2.0	3.2	3.4
Residents confined to chairs.	54	52.9	48.4	50.8
Residents requiring restraints.	46	45.1	35.7	41.3
Confused or disoriented residents.	48	47.1	53.7	58.4
Residents with bed sores.	6	5.9	8.0	7.1
Residents receiving special skin care.	31	30.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SULLIVAN LIVING CENTER

Street Address:		City and State:	
EAST VIEW PLACE		SULLIVAN IL 61951	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	61	PROPRIETARY	10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
59	0	39		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		31	52.5	58.0
Dressing				
Residents requiring some or total assistance in dressing.		44	74.6	61.9
Toileting				
Residents requiring some or total assistance in toileting.		40	67.8	46.6
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		59	100	50.5
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		40	67.8	44.4
Residents on individually written bowel and bladder retraining program.		0	0.0	7.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.		12	20.3	19.4
Completely bedfast residents.		0	0.0	0.7
Residents confined to chairs.		0	0.0	27.6
Residents requiring restraints.		6	10.2	23.4
Confused or disoriented residents.		24	40.7	49.8
Residents with bed sores.		4	6.8	4.0
Residents receiving special skin care.		22	37.3	21.1

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PINE LAWN MANOR CARE CENTER

Street Address:		City and State:	
POPLAR AND MAPLE STREETS		SUMNER IL 62466	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	106	PROPRIETARY	10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
105	0	104		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		49	46.7	58.0
Dressing				
Residents requiring some or total assistance in dressing.		58	55.2	61.9
Toileting				
Residents requiring some or total assistance in toileting.		53	50.5	46.6
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		18	17.1	50.5
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		34	32.4	44.4
Residents on individually written bowel and bladder retraining program.		15	14.3	7.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.		5	4.8	19.4
Completely bedfast residents.		0	0.0	0.7
Residents confined to chairs.		11	10.5	27.6
Residents requiring restraints.		12	11.4	23.4
Confused or disoriented residents.		73	69.5	49.8
Residents with bed sores.		0	0.0	4.0
Residents receiving special skin care.		12	11.4	21.1

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RED HILLS REST HAVEN

Street Address:		City and State:	
ONE POPLAR DRIVE		SUMNER IL 62466	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	96	PROPRIETARY	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
95	0	75			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		68	71.6	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		83	87.4	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		57	60.0	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		70	73.7	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		66	69.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.		23	24.2	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		52	54.7	33.8	37.7
Completely bedfast residents.		1	1.1	3.2	3.4
Residents confined to chairs.		45	47.4	48.4	50.8
Residents requiring restraints.		43	45.3	35.7	41.3
Confused or disoriented residents.		55	57.9	53.7	58.4
Residents with bed sores.		6	6.3	8.0	7.1
Residents receiving special skin care.		39	41.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEADOW MANOR INC

Street Address:		City and State:	
NORTH ROUTE 48		TAYLORVILLE IL 62568	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	150	PROPRIETARY	12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
119	0	76	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	73.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	75.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	58.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	54.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	51.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	28.6	33.8	37.7
Completely bedfast residents.	5	4.2	3.2	3.4
Residents confined to chairs.	59	49.6	48.4	50.8
Residents requiring restraints.	41	34.5	35.7	41.3
Confused or disoriented residents.	54	45.4	53.7	58.4
Residents with bed sores.	9	7.6	8.0	7.1
Residents receiving special skin care.	13	10.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST VINCENT MEMORIAL HOSP SNF

Street Address: 201 EAST PLEASANT		City and State: TAYLORVILLE IL 62568	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 30	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	Medicare Residents: 0	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	82.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	25	86.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	23	79.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	75.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	72.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	13.8	33.8	37.7
Completely bedfast residents.	4	13.8	3.2	3.4
Residents confined to chairs.	11	37.9	48.4	50.8
Residents requiring restraints.	2	6.9	35.7	41.3
Confused or disoriented residents.	11	37.9	53.7	58.4
Residents with bed sores.	1	3.4	8.0	7.1
Residents receiving special skin care.	5	17.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TAYLORVILLE CARE CENTER

Street Address:		City and State:	
600 SOUTH HOUSTON		TAYLORVILLE IL 62568	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	98	PROPRIETARY	07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
93	0	38		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	92.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	86.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	69.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	71.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	69.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	24.7	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	17	18.3	48.4	50.8
Residents requiring restraints.	34	36.6	35.7	41.3
Confused or disoriented residents.	40	43.0	53.7	58.4
Residents with bed sores.	7	7.5	8.0	7.1
Residents receiving special skin care.	69	74.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MCALLISTER NURS HOME

Street Address:		City and State:	
18300 S LAVERGNE AVE		TINLEY PARK IL 60477	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	101	PROPRIETARY	10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	72.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	75.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	66.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	76.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	66.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	30.3	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	79	79.8	48.4	50.8
Residents requiring restraints.	27	27.3	35.7	41.3
Confused or disoriented residents.	96	97.0	53.7	58.4
Residents with bed sores.	7	7.1	8.0	7.1
Residents receiving special skin care.	18	18.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MONTE CASSINO HEALTHCARE CENTER

Street Address: 101 E VIA GHIGLIERI		City and State: TOLUCA IL 61369	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 104	Type of Ownership: PROPRIETARY	Survey Date: 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
97	0	69			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		74	76.3	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		68	70.1	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		56	57.7	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		56	57.7	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		60	61.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		26	26.8	33.8	37.7
Completely bedfast residents.		0	0.0	3.2	3.4
Residents confined to chairs.		48	49.5	48.4	50.8
Residents requiring restraints.		40	41.2	35.7	41.3
Confused or disoriented residents.		45	46.4	53.7	58.4
Residents with bed sores.		10	10.3	8.0	7.1
Residents receiving special skin care.		17	17.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TOULON HEALTH CARE CENTER

Street Address:		City and State:	
RR#1, BOX 14		TOULON IL 61483	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	136	NON-PROFIT OTHER	02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
131	0	88	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	129	98.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	111	84.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	88	67.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	67.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	48.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	48.9	33.8	37.7
Completely bedfast residents.	4	3.1	3.2	3.4
Residents confined to chairs.	4	3.1	48.4	50.8
Residents requiring restraints.	53	40.5	35.7	41.3
Confused or disoriented residents.	47	35.9	53.7	58.4
Residents with bed sores.	4	3.1	8.0	7.1
Residents receiving special skin care.	16	12.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMERICANA HEALTHCARE CENTER

Street Address:		City and State:	
600 N COLER AVE		URBANA IL 61801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
86		0		49	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		62	72.1	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		69	80.2	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		65	75.6	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		79	91.9	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		68	79.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		57	66.3	33.8	37.7
Completely bedfast residents.		0	0.0	3.2	3.4
Residents confined to chairs.		44	51.2	48.4	50.8
Residents requiring restraints.		29	33.7	35.7	41.3
Confused or disoriented residents.		44	51.2	53.7	58.4
Residents with bed sores.		5	5.8	8.0	7.1
Residents receiving special skin care.		22	25.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHAMPAIGN COUNTY NURSING HOME

Street Address:		City and State:	
1701 E MAIN		URBANA IL 61801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	288	LOCAL GOVERNMENT	01/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
236		0		101	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		97	41.1	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		176	74.6	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		144	61.0	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		236	100	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		134	56.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.		5	2.1	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		56	23.7	33.8	37.7
Completely bedfast residents.		1	0.4	3.2	3.4
Residents confined to chairs.		117	49.6	48.4	50.8
Residents requiring restraints.		100	42.4	35.7	41.3
Confused or disoriented residents.		140	59.3	53.7	58.4
Residents with bed sores.		14	5.9	8.0	7.1
Residents receiving special skin care.		55	23.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLARK LINDSEY VILLAGE INC

Street Address: 101 W WINDSOR RD		City and State: URBANA IL 61801	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 80	Type of Ownership: NON-PROFIT OTHER	Survey Date: 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41		Medicare Residents: 0		Medicaid Residents: 0			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				38	92.7	71.5	81.5
Dressing							
Residents requiring some or total assistance in dressing.				36	87.8	77.5	83.2
Toileting							
Residents requiring some or total assistance in toileting.				33	80.5	68.4	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				30	73.2	70.3	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				37	90.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.				8	19.5	6.1	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				6	14.6	33.8	37.7
Completely bedfast residents.				1	2.4	3.2	3.4
Residents confined to chairs.				9	22.0	48.4	50.8
Residents requiring restraints.				13	31.7	35.7	41.3
Confused or disoriented residents.				19	46.3	53.7	58.4
Residents with bed sores.				1	2.4	8.0	7.1
Residents receiving special skin care.				8	19.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROYAL FONTANA NURSING CENTER

Street Address:		City and State:	
907 N LINCOLN		URBANA IL 61801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	99	PROPRIETARY	05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
68	0	54	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	80.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	52	76.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	60.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	92.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	60.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	23.5	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	21	30.9	48.4	50.8
Residents requiring restraints.	11	16.2	35.7	41.3
Confused or disoriented residents.	23	33.8	53.7	58.4
Residents with bed sores.	2	2.9	8.0	7.1
Residents receiving special skin care.	23	33.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE URBANA NURSING HOME

Street Address:		City and State:	
2006 SOUTH PHILO ROAD		URBANA IL 61801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	48	PROPRIETARY	04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
47	0	47		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	80.9	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	31	66.0	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	29	61.7	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	80.9	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	68.1	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	17.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	5	10.6	27.6	39.1
Residents requiring restraints.	17	36.2	23.4	31.7
Confused or disoriented residents.	21	44.7	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	16	34.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAYETTE COUNTY HOSPITAL LTC

Street Address:		City and State:	
7TH AND TAYLOR ST		VANDALIA IL 62471	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	134	LOCAL GOVERNMENT	02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
107	9	62			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		101	94.4	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		88	82.2	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		95	88.8	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		85	79.4	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		79	73.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.		1	0.9	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		44	41.1	33.8	37.7
Completely bedfast residents.		10	9.3	3.2	3.4
Residents confined to chairs.		67	62.6	48.4	50.8
Residents requiring restraints.		42	39.3	35.7	41.3
Confused or disoriented residents.		69	64.5	53.7	58.4
Residents with bed sores.		8	7.5	8.0	7.1
Residents receiving special skin care.		72	67.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE HOUSE OF VANDALIA

Street Address:		City and State:	
1610 HILLSBORO ROAD RTE #185		VANDALIA IL 62471	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	79	PROPRIETARY	09/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
69	0	56	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	31.9	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	35	50.7	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	22	31.9	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	31.9	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	43.5	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	11.6	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	13	18.8	27.6	39.1
Residents requiring restraints.	12	17.4	23.4	31.7
Confused or disoriented residents.	31	44.9	49.8	55.8
Residents with bed sores.	1	1.4	4.0	4.7
Residents receiving special skin care.	17	24.6	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNNYDALE ACRES CARE CENTER

Street Address:		City and State:	
1500 WEST ST LOUIS AVENUE		VANDALIA IL 62471	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	116	PROPRIETARY	11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
104	0	84			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		67	64.4	58.0	78.3
Dressing					
Residents requiring some or total assistance in dressing.		51	49.0	61.9	76.7
Toileting					
Residents requiring some or total assistance in toileting.		45	43.3	46.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		45	43.3	50.5	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		48	46.2	44.4	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	7.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		22	21.2	19.4	29.3
Completely bedfast residents.		0	0.0	0.7	3.6
Residents confined to chairs.		41	39.4	27.6	39.1
Residents requiring restraints.		19	18.3	23.4	31.7
Confused or disoriented residents.		23	22.1	49.8	55.8
Residents with bed sores.		1	1.0	4.0	4.7
Residents receiving special skin care.		30	28.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLVIEW HEALTH CARE CENTER

Street Address:		City and State:	
P O BOX 156 ELEVENTH STREET		VIENNA IL 62995	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	71	PROPRIETARY	08/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
70	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	65.7	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	56	80.0	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	49	70.0	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	65.7	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	71.4	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	40.0	19.4	29.3
Completely bedfast residents.	4	5.7	0.7	3.6
Residents confined to chairs.	41	58.6	27.6	39.1
Residents requiring restraints.	38	54.3	23.4	31.7
Confused or disoriented residents.	30	42.9	49.8	55.8
Residents with bed sores.	4	5.7	4.0	4.7
Residents receiving special skin care.	34	48.6	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNRISE MANOR

Street Address:		City and State:	
333 S WRIGHTSMAN		VIRDEN IL 62690	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	99	PROPRIETARY	06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
86	0	47		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	81.4	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	83.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	74.4	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	74.4	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	54.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	17.4	33.8	37.7
Completely bedfast residents.	2	2.3	3.2	3.4
Residents confined to chairs.	31	36.0	48.4	50.8
Residents requiring restraints.	37	43.0	35.7	41.3
Confused or disoriented residents.	52	60.5	53.7	58.4
Residents with bed sores.	8	9.3	8.0	7.1
Residents receiving special skin care.	22	25.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VIRDEN NURSING CENTER

Street Address:		City and State:	
402 W LOUD		VIRDEN IL 62690	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	51	PROPRIETARY	08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	79.2	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	37	77.1	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	33	68.8	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	66.7	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	72.9	44.4	59.1
Residents on individually written bowel and bladder retraining program.	15	31.3	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	29.2	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	22	45.8	27.6	39.1
Residents requiring restraints.	16	33.3	23.4	31.7
Confused or disoriented residents.	26	54.2	49.8	55.8
Residents with bed sores.	2	4.2	4.0	4.7
Residents receiving special skin care.	27	56.3	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WALKER NURSING HOME

Street Address:		City and State:	
530 EAST BEARDSTOWN		VIRGINIA IL 62691	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	71	PROPRIETARY	01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
69	0	31	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	44.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	39	56.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	47.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	50.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	42.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	25	36.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	26.1	33.8	37.7
Completely bedfast residents.	1	1.4	3.2	3.4
Residents confined to chairs.	22	31.9	48.4	50.8
Residents requiring restraints.	12	17.4	35.7	41.3
Confused or disoriented residents.	23	33.3	53.7	58.4
Residents with bed sores.	1	1.4	8.0	7.1
Residents receiving special skin care.	27	39.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WALNUT MANOR INC

Street Address:		City and State:	
308 S 2ND ST		WALNUT IL 61376	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	62	PROPRIETARY	04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	52.6	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	44	77.2	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	40	70.2	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	80.7	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	59.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	33.3	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	20	35.1	27.6	39.1
Residents requiring restraints.	27	47.4	23.4	31.7
Confused or disoriented residents.	29	50.9	49.8	55.8
Residents with bed sores.	1	1.8	4.0	4.7
Residents receiving special skin care.	2	3.5	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WASHINGTON CHRISTIAN VILLAGE

Street Address: 1110 NEW CASTLE RD		City and State: WASHINGTON IL 61571	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 122	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 1	Medicaid Residents: 39	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	87.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	88.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	99	86.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	100	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	82.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	46.1	33.8	37.7
Completely bedfast residents.	3	2.6	3.2	3.4
Residents confined to chairs.	94	81.7	48.4	50.8
Residents requiring restraints.	59	51.3	35.7	41.3
Confused or disoriented residents.	78	67.8	53.7	58.4
Residents with bed sores.	13	11.3	8.0	7.1
Residents receiving special skin care.	17	14.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CANTERBURY MANOR

Street Address:		City and State:	
RR3		WATERLOO IL 62298	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	74	PROPRIETARY	07/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
73	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	53.4	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	46	63.0	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	49	67.1	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	68.5	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	69.9	44.4	59.1
Residents on individually written bowel and bladder retraining program.	1	1.4	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	34.2	19.4	29.3
Completely bedfast residents.	1	1.4	0.7	3.6
Residents confined to chairs.	34	46.6	27.6	39.1
Residents requiring restraints.	28	38.4	23.4	31.7
Confused or disoriented residents.	30	41.1	49.8	55.8
Residents with bed sores.	4	5.5	4.0	4.7
Residents receiving special skin care.	35	47.9	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MONROE COUNTY NURSING HOME

Street Address:		City and State:	
500 ILLINOIS AVENUE		WATERLOO IL 62298	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	225	LOCAL GOVERNMENT	07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
218	1	108		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	154	70.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	171	78.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	146	67.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	154	70.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	135	61.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	2.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	80	36.7	33.8	37.7
Completely bedfast residents.	3	1.4	3.2	3.4
Residents confined to chairs.	121	55.5	48.4	50.8
Residents requiring restraints.	101	46.3	35.7	41.3
Confused or disoriented residents.	110	50.5	53.7	58.4
Residents with bed sores.	12	5.5	8.0	7.1
Residents receiving special skin care.	96	44.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE IROQUOIS RESIDENT HOME

Street Address:		City and State:	
200 FAIRMAN		WATSEKA IL 60970	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	56	NON-PROFIT OTHER	08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
42	1	0	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	0	0.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	37	88.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	16	38.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	78.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	42.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	7.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	23.8	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	12	28.6	48.4	50.8
Residents requiring restraints.	19	45.2	35.7	41.3
Confused or disoriented residents.	26	61.9	53.7	58.4
Residents with bed sores.	2	4.8	8.0	7.1
Residents receiving special skin care.	8	19.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WATSEKA HEALTH CARE CENTER

Street Address:		City and State:	
715 E RAYMOND RD		WATSEKA IL 60970	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	123	PROPRIETARY	03/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
93	1	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	82.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	68.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	68.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	78.5	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	59.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	23.7	33.8	37.7
Completely bedfast residents.	4	4.3	3.2	3.4
Residents confined to chairs.	54	58.1	48.4	50.8
Residents requiring restraints.	44	47.3	35.7	41.3
Confused or disoriented residents.	42	45.2	53.7	58.4
Residents with bed sores.	9	9.7	8.0	7.1
Residents receiving special skin care.	73	78.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WATSEKA MANOR INC

Street Address:		City and State:	
900 NORTH MARKET STREET		WATSEKA IL 60970	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	76	PROPRIETARY	11/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
74	0	53	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	98.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	45	60.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	59.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	90.5	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	66.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	29	39.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	33.8	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	34	45.9	48.4	50.8
Residents requiring restraints.	24	32.4	35.7	41.3
Confused or disoriented residents.	44	59.5	53.7	58.4
Residents with bed sores.	7	9.5	8.0	7.1
Residents receiving special skin care.	47	63.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TOWN HALL ESTATES

Street Address:		City and State:	
176 THOMAS CT		WAUCONDA IL 60084	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	98	NON-PROFIT OTHER	01/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
93	0	31	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	96.8	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	75	80.6	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	56	60.2	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	67.7	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	66.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	21.5	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	47	50.5	27.6	39.1
Residents requiring restraints.	60	64.5	23.4	31.7
Confused or disoriented residents.	53	57.0	49.8	55.8
Residents with bed sores.	5	5.4	4.0	4.7
Residents receiving special skin care.	58	62.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BAYSIDE TERRACE

Street Address:		City and State:	
1100 S LEWIS		WAUKEGAN IL 60085	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	168	PROPRIETARY	07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
163	0	118

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	0	0.0	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	2	1.2	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	1	0.6	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	3	1.8	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	0	0.0	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	0	0.0	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	1	0.6	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTHSHORE TERRACE

Street Address:		City and State:	
2222 WEST 14TH STREET		WAUKEGAN IL 60085	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	271	PROPRIETARY	01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
262	0	228		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	181	69.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	219	83.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	188	71.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	58.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	188	71.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	60	22.9	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	24.4	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	127	48.5	48.4	50.8
Residents requiring restraints.	60	22.9	35.7	41.3
Confused or disoriented residents.	236	90.1	53.7	58.4
Residents with bed sores.	19	7.3	8.0	7.1
Residents receiving special skin care.	134	51.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST THERESE MEDICAL CENTER

Street Address:		City and State:	
2615 WEST WASHINGTON STREET		WAUKEGAN IL 60085	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	40	NON-PROFIT RELIGIOUS	12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
18	18	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	88.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	17	94.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	17	94.4	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	83.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	94.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	44.4	33.8	37.7
Completely bedfast residents.	1	5.6	3.2	3.4
Residents confined to chairs.	10	55.6	48.4	50.8
Residents requiring restraints.	3	16.7	35.7	41.3
Confused or disoriented residents.	4	22.2	53.7	58.4
Residents with bed sores.	4	22.2	8.0	7.1
Residents receiving special skin care.	7	38.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TERRACE NURSING HOME

Street Address:		City and State:	
1615 SUNSET AVE		WAUKEGAN IL 60085	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	112	PROPRIETARY	04/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
100	0	36		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	96.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	67	67.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	48.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	51.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	59.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	22.0	33.8	37.7
Completely bedfast residents.	9	9.0	3.2	3.4
Residents confined to chairs.	31	31.0	48.4	50.8
Residents requiring restraints.	24	24.0	35.7	41.3
Confused or disoriented residents.	45	45.0	53.7	58.4
Residents with bed sores.	7	7.0	8.0	7.1
Residents receiving special skin care.	23	23.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

WAUKEGAN PAVILION NURSING HOME

Street Address:		City and State:	
2217 WASHINGTON STREET		WAUKEGAN IL 60085	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	99	PROPRIETARY	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
95	0	46		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	81.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	78.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	70.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	75.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	74.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	28.4	33.8	37.7
Completely bedfast residents.	1	1.1	3.2	3.4
Residents confined to chairs.	60	63.2	48.4	50.8
Residents requiring restraints.	40	42.1	35.7	41.3
Confused or disoriented residents.	30	31.6	53.7	58.4
Residents with bed sores.	6	6.3	8.0	7.1
Residents receiving special skin care.	25	26.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WAUKEGAN TERRACE

Street Address:		City and State:	
919 WASHINGTON PARK		WAUKEGAN IL 60085	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	210	PROPRIETARY	03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
206	0	183	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	35.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	45	21.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	25.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	14.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	25.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	34	16.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	20.4	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	30	14.6	48.4	50.8
Residents requiring restraints.	24	11.7	35.7	41.3
Confused or disoriented residents.	120	58.3	53.7	58.4
Residents with bed sores.	4	1.9	8.0	7.1
Residents receiving special skin care.	34	16.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEST CHICAGO TERRACE

Street Address:		City and State:	
928 JOLIET ST		WEST CHICAGO IL 60185	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
115	0	97	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	21.7	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	37	32.2	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	26.1	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	27.0	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	14.8	44.4	59.1
Residents on individually written bowel and bladder retraining program.	17	14.8	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	9.6	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	11	9.6	27.6	39.1
Residents requiring restraints.	10	8.7	23.4	31.7
Confused or disoriented residents.	27	23.5	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	13	11.3	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMERICAN BEAUTY NURSING HOME

Street Address: 6TH AND COLUMBIA		City and State: WEST FRANKFORT IL 62896	
Participation: MEDICAID SNF/ICF	# of Beds: 96	Type of Ownership: PROPRIETARY	Survey Date: 06/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	Medicare Residents: 0	Medicaid Residents: 45	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	59.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	61	79.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	67.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	62.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	66.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	5.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	45.5	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	49	63.6	48.4	50.8
Residents requiring restraints.	39	50.6	35.7	41.3
Confused or disoriented residents.	46	59.7	53.7	58.4
Residents with bed sores.	8	10.4	8.0	7.1
Residents receiving special skin care.	7	9.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRANKFORT HEIGHTS MANOR

Street Address:		City and State:	
2500 EAST ST LOUIS AVENUE		WEST FRANKFORT IL 62896	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	57	PROPRIETARY	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
56	0	40		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	42.9	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	32	57.1	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	21	37.5	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	35.7	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	46.4	44.4	59.1
Residents on individually written bowel and bladder retraining program.	8	14.3	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	19.6	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	14	25.0	27.6	39.1
Residents requiring restraints.	14	25.0	23.4	31.7
Confused or disoriented residents.	39	69.6	49.8	55.8
Residents with bed sores.	3	5.4	4.0	4.7
Residents receiving special skin care.	13	23.2	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKVIEW NURSING HOME

Street Address:		City and State:	
301 E GARLAND ST		WEST FRANKFORT IL 62896	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	56	PROPRIETARY	04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
51	0	32		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	62.7	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	35	68.6	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	26	51.0	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	13.7	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	58.8	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	23.5	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	17	33.3	27.6	39.1
Residents requiring restraints.	9	17.6	23.4	31.7
Confused or disoriented residents.	23	45.1	49.8	55.8
Residents with bed sores.	2	3.9	4.0	4.7
Residents receiving special skin care.	1	2.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BURGESS SQUARE HEALTHCARE CENTER

Street Address:		City and State:	
5801 S CASS AVE		WESTMONT IL 60559	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	211	PROPRIETARY	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
200	0	112		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	194	97.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	168	84.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	152	76.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	76.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	122	61.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	20.5	33.8	37.7
Completely bedfast residents.	9	4.5	3.2	3.4
Residents confined to chairs.	90	45.0	48.4	50.8
Residents requiring restraints.	81	40.5	35.7	41.3
Confused or disoriented residents.	88	44.0	53.7	58.4
Residents with bed sores.	12	6.0	8.0	7.1
Residents receiving special skin care.	15	7.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTMONT CONVALESCENT CENTER

Street Address:		City and State:	
6501 SOUTH CASS		WESTMONT IL 60559	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	215	PROPRIETARY	08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
202	0	138		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	20.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	177	87.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	168	83.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	75.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	167	82.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	153	75.7	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	158	78.2	48.4	50.8
Residents requiring restraints.	130	64.4	35.7	41.3
Confused or disoriented residents.	106	52.5	53.7	58.4
Residents with bed sores.	15	7.4	8.0	7.1
Residents receiving special skin care.	160	79.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DUPAGE CONVALESCENT CENTER

Street Address:		City and State:	
400 N COUNTY FARM RD		WHEATON IL 60187	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	408	LOCAL GOVERNMENT	07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
402	2	339		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	283	70.4	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	364	90.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	282	70.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	402	100	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	282	70.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	94	23.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	144	35.8	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	351	87.3	48.4	50.8
Residents requiring restraints.	331	82.3	35.7	41.3
Confused or disoriented residents.	289	71.9	53.7	58.4
Residents with bed sores.	27	6.7	8.0	7.1
Residents receiving special skin care.	290	72.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKWAY TERRACE

Street Address:		City and State:	
219 E PARKWAY		WHEATON IL 60187	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	69	NON-PROFIT RELIGIOUS	04/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
69	0	10	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	98.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	95.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	87.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	81.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	75.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	37.7	33.8	37.7
Completely bedfast residents.	3	4.3	3.2	3.4
Residents confined to chairs.	55	79.7	48.4	50.8
Residents requiring restraints.	34	49.3	35.7	41.3
Confused or disoriented residents.	51	73.9	53.7	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	36	52.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SANDALWOOD HEALTHCARE CENTER

Street Address:		City and State:	
2180 W MANCHESTER RD		WHEATON IL 60187	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	209	PROPRIETARY	08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
198	2	117		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	138	69.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	126	63.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	151	76.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	76.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	116	58.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	25.8	33.8	37.7
Completely bedfast residents.	1	0.5	3.2	3.4
Residents confined to chairs.	54	27.3	48.4	50.8
Residents requiring restraints.	76	38.4	35.7	41.3
Confused or disoriented residents.	117	59.1	53.7	58.4
Residents with bed sores.	10	5.1	8.0	7.1
Residents receiving special skin care.	50	25.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WHEATON CONVALESCENT CENTER

Street Address:		City and State:	
1325 NORTH MANCHESTER		WHEATON IL 60187	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	117	PROPRIETARY	10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
115	0	100		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	87.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	70	60.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	56.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	50.4	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	55.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	20.0	33.8	37.7
Completely bedfast residents.	2	1.7	3.2	3.4
Residents confined to chairs.	56	48.7	48.4	50.8
Residents requiring restraints.	40	34.8	35.7	41.3
Confused or disoriented residents.	70	60.9	53.7	58.4
Residents with bed sores.	4	3.5	8.0	7.1
Residents receiving special skin care.	53	46.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ADDOLORATA VILLA

Street Address:		City and State:	
555 MCHENRY RD		WHEELING IL 60090	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	98	NON-PROFIT RELIGIOUS	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
41	0	13		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	75.6	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	30	73.2	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	27	65.9	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	68.3	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	73.2	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	26.8	19.4	29.3
Completely bedfast residents.	2	4.9	0.7	3.6
Residents confined to chairs.	20	48.8	27.6	39.1
Residents requiring restraints.	24	58.5	23.4	31.7
Confused or disoriented residents.	21	51.2	49.8	55.8
Residents with bed sores.	6	14.6	4.0	4.7
Residents receiving special skin care.	11	26.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTH AMERICAN HEALTHCARE

Street Address:		City and State:	
620 WEST BRIDGEPORT		WHITE HALL IL 62092	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	126	PROPRIETARY	09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
106	0	74		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	63.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	67.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	67.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	62.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	53.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	24.5	33.8	37.7
Completely bedfast residents.	3	2.8	3.2	3.4
Residents confined to chairs.	30	28.3	48.4	50.8
Residents requiring restraints.	48	45.3	35.7	41.3
Confused or disoriented residents.	54	50.9	53.7	58.4
Residents with bed sores.	3	2.8	8.0	7.1
Residents receiving special skin care.	51	48.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROYAL WILLOW NURSING CARE CENTER

Street Address: 555 KAHLER RD		City and State: WILMINGTON IL 60481	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 196	Type of Ownership: PROPRIETARY	Survey Date: 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 141	Medicare Residents: 1	Medicaid Residents: 105	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	135	95.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	58.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	51.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	56.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	56.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	2.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	22.0	33.8	37.7
Completely bedfast residents.	4	2.8	3.2	3.4
Residents confined to chairs.	56	39.7	48.4	50.8
Residents requiring restraints.	40	28.4	35.7	41.3
Confused or disoriented residents.	103	73.0	53.7	58.4
Residents with bed sores.	18	12.8	8.0	7.1
Residents receiving special skin care.	46	32.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SCOTT COUNTY NURSING HOME

Street Address: RR 2 N MAIN		City and State: WINCHESTER IL 62694	
Participation: MEDICAID ICF	# of Beds: 64	Type of Ownership: NON-PROFIT OTHER	Survey Date: 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	Medicare Residents: 0	Medicaid Residents: 26
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	57.1	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	38	60.3	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	39	61.9	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	68.3	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	60.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	19	30.2	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	23.8	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	15	23.8	27.6	39.1
Residents requiring restraints.	11	17.5	23.4	31.7
Confused or disoriented residents.	31	49.2	49.8	55.8
Residents with bed sores.	6	9.5	4.0	4.7
Residents receiving special skin care.	21	33.3	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LIBERTY HILL HEALTHCARE CENTER

Street Address:		City and State:	
28 W 141 LIBERTY RD		WINFIELD IL 60190	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	115	PROPRIETARY	04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
102	0	90	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	100	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	102	100	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	53	52.0	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	52.0	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	57.8	44.4	59.1
Residents on individually written bowel and bladder retraining program.	27	26.5	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	17.6	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	5	4.9	27.6	39.1
Residents requiring restraints.	37	36.3	23.4	31.7
Confused or disoriented residents.	35	34.3	49.8	55.8
Residents with bed sores.	11	10.8	4.0	4.7
Residents receiving special skin care.	11	10.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE V I P MANOR

Street Address:		City and State:	
393 EDWARDSVILLE RD		WOOD RIVER IL 62095	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	106	PROPRIETARY	08/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
102	0	38	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	86.3	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	86	84.3	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	72	70.6	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	80.4	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	87.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	13	12.7	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	51.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	51	50.0	27.6	39.1
Residents requiring restraints.	72	70.6	23.4	31.7
Confused or disoriented residents.	75	73.5	49.8	55.8
Residents with bed sores.	8	7.8	4.0	4.7
Residents receiving special skin care.	64	62.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSET MANOR

Street Address:		City and State:	
920 NORTH SEMINARY AVENUE		WOODSTOCK IL 60098	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	138	NON-PROFIT RELIGIOUS	07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
74	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	83.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	77.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	67.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	62.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	66.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	35.1	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	26	35.1	48.4	50.8
Residents requiring restraints.	31	41.9	35.7	41.3
Confused or disoriented residents.	50	67.6	53.7	58.4
Residents with bed sores.	7	9.5	8.0	7.1
Residents receiving special skin care.	19	25.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY HI NURSING HOME

Street Address:		City and State:	
2406 HARTLAND ROAD		WOODSTOCK IL 60098	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	117	LOCAL GOVERNMENT	02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
94	0	87	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	61.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	94.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	81.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	81.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	81.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	66	70.2	33.8	37.7
Completely bedfast residents.	3	3.2	3.2	3.4
Residents confined to chairs.	64	68.1	48.4	50.8
Residents requiring restraints.	31	33.0	35.7	41.3
Confused or disoriented residents.	51	54.3	53.7	58.4
Residents with bed sores.	10	10.6	8.0	7.1
Residents receiving special skin care.	62	66.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOODSTOCK RESIDENCE

Street Address:		City and State:	
309 MCHENRY AVE		WOODSTOCK IL 60098	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	114	NON-PROFIT PRIVATE	02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
111	0	61	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	79.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	74.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	70.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	69.4	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	55.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	22.5	33.8	37.7
Completely bedfast residents.	1	0.9	3.2	3.4
Residents confined to chairs.	80	72.1	48.4	50.8
Residents requiring restraints.	47	42.3	35.7	41.3
Confused or disoriented residents.	56	50.5	53.7	58.4
Residents with bed sores.	9	8.1	8.0	7.1
Residents receiving special skin care.	60	54.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ZIEGLER COLONIAL MANOR

Street Address:		City and State:	
300 CHURCH ST		ZEIGLER IL 62999	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	49	PROPRIETARY	04/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
27	0	22	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	66.7	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	13	48.1	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	12	44.4	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	55.6	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	63.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	5	18.5	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	25.9	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	8	29.6	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	6	22.2	49.8	55.8
Residents with bed sores.	1	3.7	4.0	4.7
Residents receiving special skin care.	8	29.6	21.1	24.0

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CROWN MANOR

Street Address:		City and State:	
1805 27TH ST		ZION IL 60099	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	113	NON-PROFIT RELIGIOUS	12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
96	3	24	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	86.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	80.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	72.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	76.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	65.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	22.9	33.8	37.7
Completely bedfast residents.	10	10.4	3.2	3.4
Residents confined to chairs.	54	56.3	48.4	50.8
Residents requiring restraints.	20	20.8	35.7	41.3
Confused or disoriented residents.	72	75.0	53.7	58.4
Residents with bed sores.	7	7.3	8.0	7.1
Residents receiving special skin care.	26	27.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROLLING HILLS MANOR

Street Address:		City and State:	
3615 16TH STREET		ZION IL 60099	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	135	NON-PROFIT OTHER	11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
130	0	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	120	92.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	105	80.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	70.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	69.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	46.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	4.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	40.0	33.8	37.7
Completely bedfast residents.	1	0.8	3.2	3.4
Residents confined to chairs.	97	74.6	48.4	50.8
Residents requiring restraints.	82	63.1	35.7	41.3
Confused or disoriented residents.	54	41.5	53.7	58.4
Residents with bed sores.	4	3.1	8.0	7.1
Residents receiving special skin care.	86	66.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHERIDAN HEALTHCARE CENTER

Street Address:		City and State:	
2534 ELIM AVE		ZION IL 60099	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	288	PROPRIETARY	08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
269		0		233	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		134	49.8	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		254	94.4	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		140	52.0	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		139	51.7	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		140	52.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.		86	32.0	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		107	39.8	33.8	37.7
Completely bedfast residents.		12	4.5	3.2	3.4
Residents confined to chairs.		120	44.6	48.4	50.8
Residents requiring restraints.		120	44.6	35.7	41.3
Confused or disoriented residents.		172	63.9	53.7	58.4
Residents with bed sores.		24	8.9	8.0	7.1
Residents receiving special skin care.		39	14.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

DATE DUE	

<p>Source: <i>Author's calculations</i> based on the 2000 U.S. Census, the 2000 U.S. Census of the Hispanic Population, and the 2000 U.S. Census of the Asian and Pacific Islander Population.</p>			
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Full-length cDNA	100	100	100
3' UTR	100	100	100

<p> $\frac{1}{2}$ </p>	<p> $\frac{1}{2}$ </p>	<p> $\frac{1}{2}$ </p>	<p> $\frac{1}{2}$ </p>
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[illegible]

[illegible][illegible]

HIGHSMITH 45-220

Table 1. Summary of the data for the year 2000				
Year	1997	1998	1999	2000
1997	17	18	19	20
1998	20	21	22	23
1999	23	24	25	26
2000	27	28	29	30
2001	31	32	33	34
2002	35	36	37	38
2003	39	40	41	42
2004	43	44	45	46
2005	47	48	49	50
2006	51	52	53	54
2007	55	56	57	58
2008	59	60	61	62
2009	63	64	65	66
2010	67	68	69	70
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